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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: ATLANTIC VA AG, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam;				
The en	closed Registered Agent/Registered Office (Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this m	atter to the f	following:		
Abbiga	ul Webb				
	Name of Person	· · · · · ·			
ACMG	MT, LLC				
	Firm/Company				
5875 N	W 163rd Street Ste 105				
	Address		_		
Miami	Lakes, FL 33014				
	City/State and Zip Code				
abbigai	l@dodgemiami.com				
Е	-mail address: (to be used for future annual)	eport notific	cation)		
For fur	ther information concerning this matter, plea	ise call;			
Abbiga	il Webb	305 t (779-9160		
-	Name of Person	· (Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amo	ount:			
	■ \$25 Filing Fee		□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: ATLANTIC VA	AG, LLC			
2. (a)	16600 NW 57TH AVE	(b) 16600 NW 57TH AVE			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI LAKES, FL 33014	ML	AMI LAKES, FL 33014		
	08/06/2019	L190	000193142		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	GREENSPOON MARDER LLP				
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:		
(b)	200 E BROWARD BLVD STE 1800				
	Registered Office Address (MUST BE FLORIDA STREET				
	FORT LAUDERDALE.	. 33301	7.52.1 DEC		
	Abbigail Webb		EC - 9		
	Enter name of NEW Registered Agent and/or NEW Registered				
	5875 NW 163rd Street		PH 6: 43		
	NEW Registered Office Address:	· —			
	STE 105	·-			
	MIAMI LAKES, FL	33014			
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the operating agreement of the	registered offi ability compan of the limited li	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in by company.		
Signat	ure of a member of authorized representative of a member		Printed or typed name of signee		
novisu the obli to mere notifica	oy accept the appointment as registered agent and agreems of all statutes relative to the proper and complete igations of my-position as registered agent as provided by reflect a change in the registered office address, I if I writing of this change. Migail Will c of Registered Agent	71772 (7) 1711777777777777	if bill affiliate courage i complication existing consideration		