## 12/000154628

| (Requestor's Name)                      |                        |  |  |  |
|---|------------------------|--|--|--|
| (Address)                               |                        |  |  |  |
| (Addr                                   | ess)                   |  |  |  |
| (City/                                  | State/Zip/Phone #)     |  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |  |
| (Busi                                   | ness Entity Name)      |  |  |  |
| (Document Number)                       |                        |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |
|   |                        |  |  |  |
|   |                        |  |  |  |
|   | 9/28                   |  |  |  |

Office Use Only



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2021 SEP 28 AM 10: 38



Letter Number: 721A00020764

August 27, 2021

RICHARD BAKER 4901 NW 17TH WAY SUITE 103 FT LAUDERDALE, FL 33309 US

SUBJECT: ATLANTIC INDUSTRIAL PARK, LLC

Ref. Number: L21000154628

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

|            | egistration Section<br>ivision of Corporations           |                 |                                   |
|------------|--|-----------------|-----------------------------------|
|            | T: Atlantic Industrial Park, LLC                         |                 |                                   |
| SUBJEC     | Name of Limited Partnersh                                | ip or Limited 1 | Liability Limited Partnership     |
| DOCUM      | IENT NUMBER: 121000154628                                |                 |                                   |
|            | osed Statement of Change of Reg<br>submitted for filing. | istered Offic   | ce and/or Registered Agent and    |
| Please ret | turn all correspondence concernir                        | ng this matte   | er to:                            |
| Richard Ba | aker   |                 |                                   |
|            | Contact Person   |                 |                                   |
| Levy Real  | ty Advisors LLC  |                 |                                   |
|            | Firm/Company   |                 |                                   |
| 4901 NW    | 17th Way Ste 103   |                 |                                   |
|            | Address  |                 |                                   |
| Ft Landerd | dale, FL 33309   |                 |                                   |
|            | City, State and Zip Code                                 |                 |                                   |
| rich@levy  | •  |                 |                                   |
| _          | il address: (to be used for future annual                | report notifica | ation)                            |
|            | er information concerning this ma                        |                 |                                   |
| Joshua Le  | vy   | 954             | 491-5505                          |
| N          | lame of Contact Person                                   | Area C          | Code and Daytime Telephone Number |
| Enclosed   | is a \$35.00 check made payable                          | to the Florid   | da Department of State.           |
| Mailing .  | Address:   |                 | Street Address:                   |
| -          | ion Section  |                 | Registration Section              |
|            | of Corporations  |                 | Division of Corporations          |
| P.O. Box   |  |                 | The Centre of Tallahassee         |
| Tallahass  | see, FL 32314  |                 | 2415 N. Monroe Street, Suite 810  |
|            |  | Т               | Γallahassee, FL 32303             |

## 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.

| Name of the limited liability company: ∠  | Atlantic In   | ndustrial PARK  | 4   |
|---|---|---|---|
| 2. (a) 4901 NW 17th W Principal office address of limited liable (Note: MUST BE STREET AD. FALCE derdale Fo   | Oy Ste/03 (  Mity company:  DRESS)  | b) 4901 NW 17 W of Mailing address of limited little (Note: MAY BE POST O   | ability company:  OFFICE BOX  |
| 3. Date of filing/registration in F   | Florida 4.  | 121000 1546  Document number  |   |
| 5. (a) Meland Budwick Registered Agent and Registered Office shown  200 S. Biscagne Registered Office Address (MUST BE FLO)  Suite 3200  Miamí  (b) Toshua Levy  Enter name of NEW Registered Agent and/or  | on the records of the Florid  B/vd  ORIDA STREET ADDRES , FL3   | 3/3/  | 2021 SEP 28 MH 10: 38   |
| NEW Registered Office Address:  | , FL  |   | 38  |
| If the limited liability company is not organize change or changes are made, the Florida street agent will be identical. Or, in the case of a Flowas/were authorized by an affirmative vote of the articles of organization or the operating agr                  | address of the register<br>orida limited liability co<br>the members of the lin<br>recment of the limited | ed office and the business office of<br>ompany, it is hereby confirmed that<br>nited liability company or as otherw   | the registered<br>the change(s)<br>rise provided in                         |
| Signature of amember or authorized representative of  | a member  | Printed or typed name of si   | gnee  |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper the obligations of my position as registered ag to merely reflect a change in the registered off notified industring of this change.  Signature of Reguered Agent | l agent and agree to act<br>rand complete perform<br>ent as provided for in (<br>ice address, I hereby co | t in this capacity. I further agree to<br>ance of my duties, and I am familia<br>Chapter 605, F.S. Or, if this docum<br>onfirm that the limited liability com | comply with the<br>r with and accept<br>ent is being filed<br>pany has been |