

L21000304517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

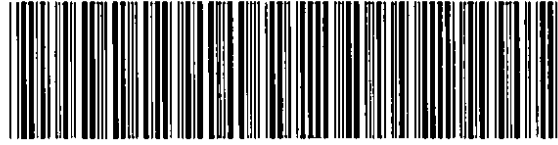
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100416677331

10/12/23--01003--006 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 11 AM 9:43

FILED

RECEIVED
2023 OCT 11 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

ATP Associates P.L.L.C.

FOR OFFICE USE ONLY

PICK ONE:

____ CERTIFIED COPY XX PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION ____ LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP

____ FICTITIOUS NAME ____ SERVICE MARK/TRADEMARK ____ AMENDMENT

____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN

XX OTHER Registered Agent Change

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY

Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 10/11/23 TIME _____

Notes: _____

**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. Name of the limited liability company: ATP ASSOCIATES P.L.L.C.
2. (a) 10175 FORTUNE PARKWAY SUITE 302
Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
- (b) 10175 FORTUNE PARKWAY SUITE 302
Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

06/29/2021

L21000304517

3. Date of filing/registration in Florida 4. Document number

5. (a) COGENCY GLOBAL, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 NORTH CALHOUN STREET, SUITE 4

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32301

- (b) Universal Registered Agents, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1317 California Street

NEW Registered Office Address:

Tallahassee, FL 32304

FILED
2023 OCT 11 AM 9:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Sherri Johnson

Signature of a member or authorized representative of a member

Sherri Johnson

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**