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DEC 03 2021

TO:

INHS18 (2/14)

	COVER LETTER					
	istration Section ision of Corporations					
SUBJECT:	307 ATLANTIC MANAGEMENT LLC					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Office	Change and fo	ee(s) are submitted for filing.			
Please return	n all correspondence concerning this m	natter to the fo	llowing:			
IAN LUDMI	R					
	Name of Person		_			
	Firm/Company		_			
2980 NE 207	TH STREET, SUITE 608					
	Address		_			
AVENTURA	x. FL 33180					
	City/State and Zip Code		_			
ian@ianludm	ir.com					
E-mail	address: (to be used for future annual	report notifica	ation)			
For further i	nformation concerning this matter, ple	ase call:				
IAN LUDMI		305 at (614-3100			
	Name of Person	· ·	Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: distration Section distration of Corporations distration Section distration of Corporations distration of Corporations distration of Corporations distration Section		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following am	iount:				
■ \$25 Filing Fee		□ S55	☐ \$55 Filing Fee & Certified Copy			

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.

l. N	ame of the limited liability company: 307 ATLANTIC 1	MANA	GEMENT LI	LC	
2. (a)			(b)		
. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(/ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2980 NE 207TH STREET, SUITE 608		2980 NE	207TH STREET, SUITE 608	
	AVENTURA, FL 33180	_	AVENTURA, FL 33180		
	10/27/2021		L2100046	7715	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a))				
(-,	Registered Agent and Registered Office shown on the records of IAN LUDMIR		ida Dept. of St	ate:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	18660 COLLINS AVENUE, SUTE 107	. 2			
	SUNNY ISLES BEACH, FL,	33160		TALLAHASSEE, FL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	065		- FR 5 m	
	Enter hance of NEW Registered Agent and/or NEW Registered	Omce	<u>uduress</u> :	See E D	
	IAN LUDMIR			F. 75 2	
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	2980 NE 207TH STREET, SUITE 608	_		_	
	AVENTURA , FL	33180			
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the day of a Florida limited lia tere authorized by an all finally evote of the members of icles of organization of the members of the street and the street are the street are the street are the street and the street are the s	registe shility of the l limited	ered office a company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Sign	ature of a member or authorized epresentative of a member	_		Printed or typed name of signce	
provis the ob to mer notifie	thy accept the appointment as registered agent and agrifions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change	ee to a perfor l for in vereby	ict in this cap mance of my i Chapter 66 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Jigitati					
	Wision of Corporations P.O. I	30x 63	27● Tallah:	assee, FL 32314	

FILING FEE: \$25.00