

172000070575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

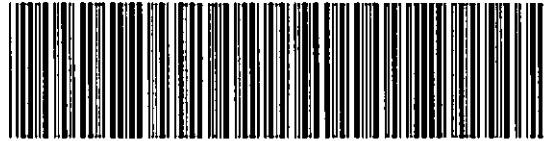
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

ef 3/23/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlas Solomon PLLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam G. Schwartz

Name of Person

Atlas Solomon

Firm/Company

789 SW Federal Highway, Suite 206

Address

Stuart, FL 34994

City/State and Zip Code

adam@atlas-solomon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam G. Schwartz

772 247-0157
at ()

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

LAW OFFICES
LAVENDER GREENBERG PLLC
2525 PONCE DE LEON BOULEVARD
SUITE 300
CORAL GABLES, FLORIDA 33134

MONIQUE LAVENDER GREENBERG, ESQ.
MONIQUE@LGLAWMIAMI.COM

VOICE (786) 832-4694
FAX (786) 249-7096

March 9, 2022

VIA Priority Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Registered Agent Change and Fee

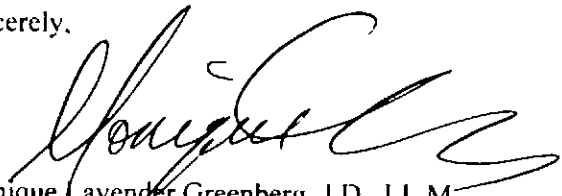
To Whom it may concern:

Enclosed please find the following:

- A check in the amount of \$25;
- Registered Agent/Registered Office Change form; and
- A return envelope.

Upon receipt, please stamp a copy of this letter and return it in the enclosed envelope. If you have any questions, please contact me at (786) 832-4694.

Sincerely,



Monique Lavender Greenberg, J.D., LL.M.
Attorney-at-law

**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: Atlas Solomon PLLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

789 SW Federal Highway, Suite 206

Stuart, FL 34994

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

789 SW Federal Highway, Suite 206

Stuart, FL 34994

2/11/2022

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

5. (a) _____

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

Eric Matthew

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

405 Barbarossa Avenue

Coral Gables, FL 33146

(b) _____

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

Adam G. Schwartz

NEW Registered Office Address:

789 SW Federal Highway, Suite 206

Stuart, FL 34994

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

aj

Signature of a member or authorized representative of a member

Adam G. Schwartz

Printed or typed name of signee

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.

aj

Signature of Registered Agent