## L23000084863

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## COVER LETTER

	Registration Section Division of Corporations					
SUBJE	Atlantic Architecture LLC					
30000	Name of Limited Liability Company					
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning this	matter to the following:				
Stephan	ie Riggs					
	Name of Person	<del></del>				
Atlantic	Architecture LLC					
	Firm/Company					
1415 Pr	o Shop Ct.					
	Address	<del></del>				
Davenpe	ort, FL 33896					
	City/State and Zip Code					
	:.Compliance@atlantic-ae.com					
E-	-mail address: (to be used for future anni	al report notification)				
For furt	ther information concerning this matter,	please call:				
Stephan	nic Riggs	321 607-1066				
•	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					
	□ \$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.

2. (a)			(b) Atlantic	Architecture LLC	
	Principal office address of limited liability company:	<del></del>	(b)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)  1415 Pro Shop Ct.			(Note: MAY BE POST OFFICE BOX)	
	Davenport, FL 33896		1415 Pro Shop Ct.		
	Davenport, PL 33896	<del></del>	Davenport, FL 33896		
	2/16/2023		L23000084	4062	
	Date of filing/registration in Florida	- 4.		<del></del>	
(a)	Jeff Hart	4.		Document number	
, ,	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Sta		
	Jeff Hart			ic.	
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRFS	<u></u>	_	
	738 Hernando Drive	<u>IDDNES.</u>	37		
	Marco Island	24145		_	
	, FL	34145 ———		_	
b) .	Registered Agents Inc			- S <b>28</b>	
	Enter name of NEW Registered Agent and/or NEW Registered	066		POR TALLAN	
	<u> </u>	Office ad-	<u>aress</u> :		
-				ARY ARY	
	NEW Registered Office Address:			ASSET OF	
_	7901 4th St N Ste 300			ED PH 4:50 OF STATE SEE, FL	
				· SE	
	St. Petersburg	3702			
12 -	, FL_				
e or	ited liability company is not organized under the laws r changes are made, the Florida street address of the re-	of the S	State of Flor	rida, it is hereby confirmed that a a	
will	r changes are made, the Florida street address of the relational. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of	gistered	l office and	the business office of the registered	
1	es of organization or the operating agreement of the lin	nited lia	bility comp	oany.	
ature	of a member or authorized representative of a member	Brand	lon Hartwick	•	
. <b>L</b>	and member of authorized representative of a member			Printed or typed name of signee	
	s of all statutes relative to the proper and agree	to act ir	n this capac	ity. I further garge to some to the	
ions	the proper and complete no	rforman	ce of my du	ties and Lam familiar and with the	
eby d sions diga rely i rd in	accept the appointment as registered agent and agree s of all statutes relative to the proper and complete pe tions of my position as registered agent as provided for writing of this change.	or in Ch by con	apter 605, 1 firm that the	F.S. Or, if this document is being filed e limited liability comments.	