

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000330822

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((H240002642503))



H240002642503480Z

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : INCFILE.COM LLC
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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
ATM LITE SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

AUG - 8 2024

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COVER LETTER

(((H24000264250 3)))

TO: Registration Section
Division of Corporations

SUBJECT: _____
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY** (((H24000264250 3)))

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: ATM LITE SERVICES LLC

2. (a) 1150 Nw 72nd Ave Tower 1 Ste 455 #17326 (b) 1150 Nw 72nd Ave Tower 1 Ste 455 #17326
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Miami, FL 33126

Miami, FL 33126

07/25/2024

124000330822

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

5. (a) JONAH ROMERO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6220 SW 41ST PL.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DAVID, FL 33314

(b) REPUBLIC REGISTERED AGENT LLC

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

1150 Nw 72nd Ave Tower 1 Ste 455

NEW Registered Office Address:

Miami, FL 33126

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.

Jonah Romero

Signature of a member or authorized representative of a member

Jonah Romero

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.

Lovette Robson

Signature of Registered Agent

(((H24000264250 3)))

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