

L67772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

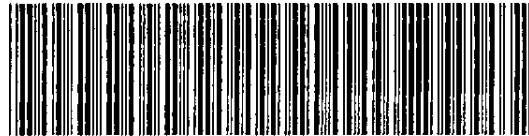
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 MAY 20 AM 9:24
SEAL
TALLAHASSEE, FLORIDA

5-27-11

LAW OFFICES
HENRY P. TRAWICK, P.A.
2033 WOOD STREET
SUITE 218
SARASOTA, FLORIDA 34237

PLEASE REPLY TO:
P. O. BOX 4009
SARASOTA, FLORIDA 34230

May 17, 2011

TELEPHONE (941) 366-0660
FAX (941) 366-8941

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Atlantic Recovery, Inc.

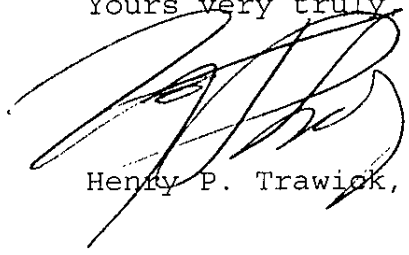
Gentlemen:

I enclose an executed statement of change of the registered agent for the designated corporation along with a check in the amount of \$35.00 for your filing fee.

The email address to be used for future annual report notifications is trawick0660@hotmail.com

Please make the appropriate changes. If you have a question or need more information, please let me know.

Yours very truly



Henry P. Trawick, Jr.

HPT/wjd
enc.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Atlantic Recovery, Inc.
2. The principal office address: 1801 Slough Road
Sarasota, Florida 34240
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/23/1990 Document number: L67772

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Charles W. Flynn

1401 Brickell Avenue, Suite 825

Miami, Florida 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lisa M. Ratican

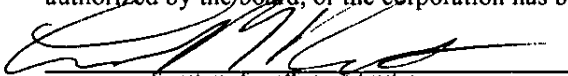
3314 Sheffield Circle

P.O. Box NOT acceptable

Sarasota, Florida 34239

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

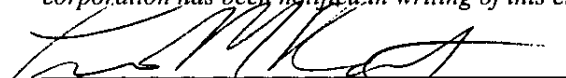


Signature of an officer or director

Lisa M. Ratican, As President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

5/11/2011

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 20 AM 9:24

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