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(Re	questor's Name)	<u>-</u> -				
(Address)						
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(Cit	ty/State/Zip/Phone	e #)				
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(Document Number)						
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SECRETARY OF STATE

TILED

MAR 3 1 2016). BRUCE

COVER LETTER

Division of Corporations		
SUBJECT: ATR Insuran	ce Holdings LLC ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	•	
BURTON LANDAU, ESa. Name of Person		
South Florida Law PLLC Firm/Company		
1920 E. Hallandale Beh Blu Address	1. #503	
Hallandale, Fl 33009 City/State and Zip Code		
Burton a Southforite huplic E-mail address: (to be used for future ann		-
For further information concerning this matter,	please call:	
BUTUTON LANDAU	_at (954) 900 8885 = 0	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
△ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CLANGE 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 10/10/0.								
1. Name of	of the limited liability company: ATR In	Sura	١)	Hold	ing LL			
	189 Cleveland Street		(b) <u>P</u> .		BCX	6	353	
· · · ——	Principal office address of limited liability company:	-	. ,	Mail	ling address			
<	(Note: MUST BE STREET ADDRESS)			(2	Note: MAY	<u>BE POS</u>	<u>T OFFIC</u>	<u>'E BOX</u>)
<u>ن ک</u>	rite 2048	_						
Cle	earwater, FL 33758	_	CI	ورر	water	FC	3.	375-8
C	74/17/2009		۸۸۸	·α/)	-	~1 5	(3	
3.	Date of filing/registration in Florida	4.	<u>/ V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	Do	ocument n	umher	02	
~	A				ouncil ii	umoei		
5. (a) Pagis	GSOF, Alan T. Stered Agent and Registered Office shown on the records of the	a Dlani	do Dame of	CCtoto				
_	1 1 -1	e Fiori	da Dept. of	State:				
	189 Cleveland Street							
	stered Office Address (MUST BE FLORIDA STREET AL	DDRE:	<u>527</u>			_,		
<u> </u>	vite 204B					至語	2016	
\subset	bearwater .FL	33	765	-				
	, -					A A	MAR :	
(b) <u></u>	SURTON LANDAU, ESQ.					SEE Y	30	<u> </u>
Enter	name of NEW Registered Agent and/or NEW Registered O	Office a	ddress:				ט	
10	i20. E. Hallandale Boac	L	Blud.	•		Y OF STATE	ş. 2.	0
	V Registered Office Address:		•			775) ·	
5,	ite # 503							
	P .	\sim						
(40	allandale Beach, FL	5	3000	9				
If the limited	d liability company is not againsed under the laws	- af th	a Stata a	f Elouid	la itiaha	mahar aa	n firm ad	that after
the change o	d liability company is not organized under the laws or changes are made, the Florida street address of th	he reg	sistered o	ffice an	id the bus	iness of	ffice of t	the registered
agent will be	e identical. Or, in the case of a Florida limited liab athorized by an affirmative vote of the members of	oility o	company.	, it is he	ereby conf	îrmed t	that the	change(s)
the articles o	of organization of the operating agreement of the li	mited	lliability	compa	ny.	as one	ei wise p	novided iii
1	a member or authorized representative of a member		Ą١	*	inted or type	LA	10F	
		<u> </u>						
I hereby acc provisions of the obligation to merely ref notified in w	cept the appointment as registered agent and agree of all statules relative to the proper and complete p ons of my position as registered agent as provided flect a change in the registered office address, I he priting of this change.	e to a verfori for in ereby	ct in this nance of Chapter confirm t	capacit my duti 605, F. that the	ty. I furth ies, and I .S. Or, if limited li	er agre am fam this doc ability c	e to com iliar wit cument t compan	nply with the th and accept is being filed y has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent