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COVER LETTER

SUBJECT: ATC International Inc (Name of Corporation) DOCUMENT NUMBER: <u>p02000</u>024943 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Allan Stein esq (Name of Contact Person) Rosenfeld & Stein PA (Firm/Company) 18260 NE 19 AVE NMB FI 33162 (City/State and Zip Code) For further information concerning this matter, please call: **ALLAN STEIN** 940 8080 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S. nge is submitted for a corporation organized under the laws of the State of $_1$ r to change its registered office or registered agent, or both, in the State of Fl	<u> </u>	this	
1. The name of the	he corporation: ATC International INC.			
2. The principal	office address: 1270 nw 165 st			
	miami fl 33169			
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 3 60 Document number: p020000	024943	3	<u> </u>
5. The name and Florida Depart	street address of the current registered agent and registered office on file with tment of State:	n the		
	unk			
		SECRETAL	06 HAR -	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office. Allan Stein	RY OF SI	1.ED	
	18260 ne 19 ave #202 (P.O. Box NOT acceptable)	ATT. RIDA	53	
	NMB FI 33162			
	ss of its registered office and the street address of the business office of its be identical.			
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.			
(Signatur	re of an officer of diffector) X V///CEST J (Printed or typed name and h	(III)	<u> </u>	Set The
I hereby accept a further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and com d I am familiar with and accept the obligation of my position as registered agfiled merely to reflect a change in the registered office address, I hereb been notified in writing of this change.		rformance Or, if this m that the	
	Witt 2/23/06			
(Sig	nature of Registered Agent) (Date)			
(T	yped or Printed Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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