P09000022818

(Re	questor's Name)				
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(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAiL			
(Bu	siness Entity Nan	ne)			
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RD (Ch 8)
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COVER LETTER

TO:	Amendment Section Division of Corpora	n ations				
SUBJ	ECT:	Atlantik Mech Name of	nanical, Inc.			
DOC	UMENT NUMBER:	P0:	9000022818			
The er	closed Statement of	Change of Registered Off	ice/Agent and fee are sub	mitted for filing.		
Please	return all correspond	ence concerning this mat	ter to the following:			
		Rodol	fo Ortega Contact Person	<u></u>		
		Name of C	Contact Person			
		Atlantik Me	echanical, Inc.			
	Firm/Company					
17011 N Bay Rd. Apt 317 Address						
		Ac	idress			
	North Miami Beach, FL 33160 City/State and Zip Code					
	<i>,</i> :,	City/State	and Zip Code	of the state of the Control		
	a *	atlantikmechanio	al@atlanticbb.net	GMA		
	E-mail	address: (to be used for	future annual report no	otification)		
For fu	rther information con	cerning this matter, please	e call:			
	Rodolf	o Ortega	at (305)	219-3276		
	Name of Co	ntact Person	Area Code & Da	219-3276 ytime Telephone Number		
Enclos	sed is a \$35.00 check	made payable to the Depa	artment of State.			
	An	nilling Address: nendment Section	Street Addre Amendment	Section		
		vision of Corporations O. Box 6327	Division of Clifton Buil	Corporations		
		llahassee, FL 32314		ding tive Center Circle		
			Realistic ETallahassee,			

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FL	
-	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: Atlantik Mechanical, Inc.	
	al office address: 17011 N Bay Rd. Apt 317	
	North Miami Beach, FL 33160	
3. The mailing	g address (if different): (same)	
4. Date of incom	orporation/qualification: March 12, 2009 Document number: P09000022818	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Rodolfo Ortega	
	2123 Ne 15th Ave.	
	Cape Coral, FL 33909	巨
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office):	TALE TALL OF PH
	Rodolfo Ortega	5
	17011 N Bay Rd. Apt 317	圣
	P.O. Box NOT acceptable	
	North Miami Beach, FL 33160	,
The street addr as changed wil	lress of its registered office and the street address of the business office of its registered agent ill be identical.	•
Such change wanthorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the copporation has been notified in writing of the change.	
Signat	Rodolfo Ortega Activities of an officer or director Printed or typed name and title	
I hereby accept I further agree of my duties, and document is be	pt the appointment as registered agent and agree to act in this capacity. The tocomply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if the peing filed merely to reflect a change in the registered office address, I hereby confirm that the last been notified in writing of this change.	:e is e
	November 11, 2009 Date	
	behalf of an entity:	
-	Rodolfo Ortega Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	
	A SOUTH TO S AND S PROPERTY	