## P14000012470

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000287775220

07/11/16--01006--020 \*\*35.00

TAINE III I AN S. 3

JUL 15 2016 C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ATLantis Paradise Boat+Cor Repair Dec.
DOCUMENT NUMBER: P14000022470
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:
Hanvel R16590  Name of Conjuct Person  Citlantis Paradist forat + Can Repair 200  Firm/Company
101621 Overse as Huy
Key (argy H 33037) 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 Contact Person at (984) 325 2915 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## . 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: allantis Paraduse Boat & Car Repair
2. The principal office address: 101631 Overseas Huy
Ley (aug) 21 32037
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/11/2014 Document number: P14000022470
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)
Honnel Keisgo - Julia Kiesgo
Let (are) H 32037  E 52  Significant of the name and street arthress of the name registered agent (if changed) and for registered office
(if changed):
Hanuld Cresgo
P.O. Box NOT acceptable  Yell ago 7 33037
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 effector 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 Agents  7/6/16 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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