## P15000020120

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

OCT 12 2014

C. CARROTHERS

## COVER LETTER

TO: Amendment Section Division of Corporations

ATP BUSINESS MANAGEMENT INC.

P15000020120

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:

Adriane T. Parish

Name of Contact Person

ATP Business Management Inc.

Firm/Company

8201 National Drive

Melbourne, FL 32940

City/State and Zip Code

aparish@atpbm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriane T. Parish

Name of Contact Person

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

statement of cha	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	this 
1. The name of	the corporation: ATP Business M	Management Inc.	
2. The principal	office address: 8201 National D	rive, Melbourne, FL 32940	
3. The mailing a	address (if different): 7777 N. Wic	ckham Rd, #12-610, Melbourne, FL	_ 32940
4. Date of incor	poration/qualification: 03/02/2015	5	20
5. The name and		ed agent and registered office on file with the	
	Corporation Service Comp	any	
	1201 Hays Street		
	Tallahassee, FL 32301		
6. The name and (if changed):	d street address of the new registered ε	agent (if changed) and /or registered office	2 <b>8</b> 15
	Adriane T. Parish	7> 	2 <b>1</b> 115 OCT -
	8201 National Drive	NOT acceptable	$\mathfrak{S}$ o :
	P.O. Box 1 Melbourne, FL 32940	NOT acceptable	of s
The street address changed will		eet address of the business office of its register	ored agent,
<b>-</b> 70 .	<b>~</b> 4	oted by its board of directors or by an officer so notified in writing of the change.	D
aduar	ure of an officer or director	Adriane T. Parish, President	
I hereby accept I further agree i performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to r that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and complete id accept the obligation of my position as regis reflect a change in the registered office addres ad in writing of this change.	stered s, I
Adria	u Paux	10/06/2015	
· ·	gnature of Registered Agent chalf of an entity:	Date	
Adriane T. I	·		
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

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