P90000043728

| (Re | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Ad | ldress) | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phone | ə #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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DIVISION OF CORPORATION

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(10 3/19/09

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--|---|--|--|--|
| SUBJI | ECT: Atlantic Management Consulti (Name of Co | ng Inc. prporation) | | |
| DOCU | JMENT NUMBER: <u>P9600043728</u> | | | |
| The en | aclosed Statement of Change of Registered Office | Agent and fee are submitted for filing. | | |
| Please | return all correspondence concerning this matter | to the following: | | |
| | John F | P. Hahn | | |
| (Name of Contact Person) | | | | |
| Atlantic Management Consulting Inc. (Firm/Company) | | | | |
| 10125 Salisbury Ct. (Address) | | | | |
| Ft. Myers, FL 33913 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| | Thomas R. Hahn (Name of Contact Person) | at (<u>828</u>) <u>524-5858</u> (Area Code & Daytime Telephone Number) | | |
| Enclos | sed is a \$35.00 check made payable to the Departs | ment 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, the statement of change is submitted for a corporation organized under the laws of the State of Florida | is |
|--|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. | |
| | |
| 1. The name of the corporation: Atlantic Management Consulting Incorporated | |
| 2. The principal office address: 10125 Salisbury Ct. | , , , , , , , , , , , , , , , , , , , |
| Ft. Myers, FL 33913 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 05/22 1946 Document number: P9600043728 | |
| 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) | |
| Thomas R. Hahn | Q |
| 9012 Gardens Glen Circle | OS INISIT |
| Palm Beach Gardens, FL 33418 | 五 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | SECRE OF CORPURAL 27 |
| John P. Hahn | 11:2 |
| 10120 Canabary Ct. | . |
| (P.O. Box NOT acceptable) | |
| Ft. Myers, FL 33913 | |
| The street address of its registered office and the street address of the business office of its register as changed will be identical. | ed agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change. |) |
| Thomas R. Hahn, President (Printed or typed name and title) | <u>t</u> |
| 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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change. | formance Or, if this n that the |
| March 12, 2009 | · |
| Streaming on bobalf of an antitu: | |
| If signing on behalf of an entity: | |
| John P. Hahn (Typed or Printed Name) | |

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