## Palocoomila

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
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05/28/24 -- 01037-- 038 -- \*\*85.00

## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Atomic Kimchi, Inc.	
Name of Corporation	• .
DOCUMENT NUMBER: P210000711	12
The enclosed Statement of Change of F	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
Heather Geise	
Name of Contact Person	
Atomic Kimchi, Inc.	
Firm/Company	<del></del>
2223 W Emerald Cir	
Address	
Mesa, AZ 85202	
City/State and Zip Code	Ī :
sonnygirl11@hotma	ail.com
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this	matter, please call:
Heather Geise	31 (816 \ \5224647
Name of Contact Person	at (816 ) 5224647  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payab	ple to the Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporation	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508 ange is submitted for a corporation organized under der to change its registered office or registered agent,	the laws of the State of Florida	
1. The name of t	the corporation: Atomic Kimchi Inc.		
	J office address: 7901 4th St N STE 21060 St. Petersbur	rg. FL 33702	
3. The mailing a	address (if different):		
4. Date of incorp	rporation/qualification: 08/06/2021 Docu	ment number: P21000071112	
	nd street address of the current registered agent and repartment of State: (If resigned, enter resigned)	gistered office on file with the	
	MCKEON, CAROLINE		
	10106 COURTNEY OAKS CIR #203		
	TAMPA, FL 33619		
6. The name and (if changed):		ed) and /or registered office	
	Registered Agents Inc		
	7901 4th St N STE 300		
	P.O. Box NOT acceptal St. Petersburg, FL 33702	Ę	
The street addre	ress of its registered office and the street address of ll be identical.	the business office of its registered agent.	
	vas authorized by resolution duly adopted by its boathe board, or the corporation has been notified in wr		
7/2	NH (42 Heather C	Geise	
	ture of an officer or director	Printed or typed name and title	
I hereby accept I further agree to of my duties, an document is bei corporation has	of the appointment as registered agent and agree to a to comply with the provisions of all statutes relative and I am familiar with and accept the obligation of a sing filed merely to reflect a change in the registered as been notified in writing of this change.	act in this capacity. he to the proper and complete performance my position as registered agent. Or, if this d office address, I hereby confirm that the	
David Adoes	ets	10/2024	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
_David Robe	EITS Typed or Printed Name		
	* * * FILING FEE: \$35.00	* * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)