517 ANDREWS	ncipal Place of Business: S DR BEACH, FL 32951			
Current Mai	iling Address:			
517 ANDRE MELBOURN	WS DR IE BEACH, FL 32951 US			
FEI Number: 81-4389588 Certificate of Status			Certificate of Status Desire	ed: No
Name and A	Address of Current Registered Agent:			
517 ANDREWS	TA MONTEIRO S DR BEACH, FL 32951 US			
517 ANDREWS	S DR	stered office or regis	tered agent, or both, in the State of Florid	a.
517 ANDREWS MELBOURNE I	S DR BEACH, FL 32951 US	stered office or regis	0	^{a.} 04/06/2021
517 ANDREWS MELBOURNE I	S DR BEACH, FL 32951 US d entity submits this statement for the purpose of changing its regis	stered office or regis	0	
517 ANDREWS MELBOURNE F The above name SIGNATURE	S DR BEACH, FL 32951 US d entity submits this statement for the purpose of changing its regis E: ROBERTA JOHN	stered office or regis	0	04/06/2021
517 ANDREWS MELBOURNE F The above name SIGNATURE	S DR BEACH, FL 32951 US d entity submits this statement for the purpose of changing its regis E: ROBERTA JOHN Electronic Signature of Registered Agent	stered office or regis	0	04/06/2021
517 ANDREWS MELBOURNE F The above name SIGNATURE Officer/Dire	S DR BEACH, FL 32951 US d entity submits this statement for the purpose of changing its regis E: <u>ROBERTA JOHN</u> Electronic Signature of Registered Agent ctor Detail :			04/06/2021
517 ANDREWS MELBOURNE F The above named SIGNATURE Officer/Dire Title	S DR BEACH, FL 32951 US d entity submits this statement for the purpose of changing its regis E: ROBERTA JOHN Electronic Signature of Registered Agent Ctor Detail : DPT	Title	DVPS	04/06/2021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTA JOHN

PRESIDENT

04/06/2021

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000090393

Entity Name: ATLAS TEAM, INC

Current Principal Place of Business:

FILED Apr 06, 2021 Secretary of State 7381274036CC

Date