From: Corporate Paralegals

Florida Department of State

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REGISTERED AGENT CHANGE ATCO, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

FOR CORP	PORATIONS	
statement of cl	ne provisions of sections 607.6502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hunge is submitted for a corporation organized under the laws of the State of Florida	_
in ord	der to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of	of the corporation: ATCO, INC.	
2. The principa	oal office address: 10 Sarasota Center Blvd., Sarasota, FL 34240-9770	
3. The mailing	g address (if different): same	٠.
	orporation/qualification: 08/08/1973 Document number: 432305	
5. The name ar	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
•	ALAN M. ELWELL	<u>ي</u>
	10 SARASOTA CENTER BLVD.) } }_
•	SARASOTA, FL 34240-9770	უ ა
6. The name ar (if changed)		077 ADD 3 :
	CROSS STREET CORPORATE SERVICES, LLC))
	200 SOUTH ORANGE AVENUE	>
•	P.O. Box. NOT acceptable	
	SARASOTA, FL 34236	
The street add as changed wi	fress of its registered office and the street address of the business office of its registered ago ill be identical.	nt,
Such change v authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change.	
	ALAN M. ELWELL, As its President	_
	pt the appointment as registered agent and agree to act in this capacity, et to comply with the provisions of all statutes relative to the proper and complete performa and I am familiar with and accept the obligation of my position as registered agent. Or, if seing filed merely to reflect a change in the registered office address, I hereby confirm that as been notified in writing of this change.	nce his the
	4-21-2122	_
Şi	ignature of Registered Agent Oate	
If signing on b	behalf of an entity:	
	WILSON, As its Vice President	٠
	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	
N	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	