

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

And the state of the state of ART CRANTERALLY

Phone : (850)222-1092

: (850)878-5368

REGISTERED AGENT CHANGE

ATLAS TRACKS, INC.

Continue - F. Charles	
Certificate of Status	
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Corporate Filing Menu

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

statement of cha	provisions of sections 60 ange is submitted for a co er to change its registered	rporation organizea	under the laws of the Sta	ate of Oregan	
1. The name of	the corporation: Atlas Tra	cks, Iac.			
	office address:				
3. The mailing i	address (if different):				
4. Date of incor	poration/qualification;	06/17/2005	_ Document number:	F050 000035U5	
5. The name and	d street address of the cur rtment of State: (If resign	rent registered agent			
	Nrai Services, Inc.				
	2731 Executive Park Dr Ste 4				
	Weston FL 32301				
6. The name and (if changed):	d street address of the new	v registered agent (it	changed) and /or registe	ered office	
•	C 1 Corporation System	•		. AF SE	
	c/o C T Corporation Sys	tem, 1200 South Pine	Island Road	09 OCT SECRE FALLAH	
		P.O. Box. NOT uco		-7	
	Plantation, Florida 3332	4		m;-<	
The street addr	ess of its registered office le identical.	ce and the street add	iress of the business offi	to of its registered agents	
Such change w authorized by t	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	vits board of directors o ed in writing of the char	r by an officer	
Jeimie Patti, Vice President,		ice President,			
Signature of an officer or director Printed of typed name and title					
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ting filed merely to refle is been notified in writh	istered agent and a isions of all statutes d accept the obliga of a change in the re g of this change.	gree to act in this capac i relative to the proper o tion of my position as re egistered office address,	ity, und complete performance gistered agent. Or, if this I hereby confirm that the	
By:			09/25/2009		
	gradue of MOUKS, FOOL	-	Dale		
	ch Assistant:Vice-Pre	sident			
-	and Secretar	γ			
	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 (8/05)

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