11/14/23, 3:31 🖸

From: David Thomas

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H23000394360 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)280-3338 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  | _ |  |
|-------|----------|--|--|---|--|
|       |          |  |  |   |  |

## REGISTERED AGENT CHANGE ATG-CONNECTICUT, INC.\*\*\*\*\*

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$43.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

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

| statement of cha  | nge is submitted for a corporation or   | 0502, 607.1508, or 617.1508, Florida<br>ganized under the laws of the State of<br>gistered agent, or both, in the State of   | Delaware          |                           | _                        |
|---|---|--|-------------------|---------------------------|--------------------------|
| 1. The name of t  | the corporation: ATG - Connecticut, It  | ю.   |                   |                           |                          |
|   | office address: 805 Brook St  |  |                   |                           |                          |
| 3. The mailing a  | ddress (if different):  |  |                   |                           |                          |
|   |   | Document number: F10000  |                   |                           |                          |
|   | d street address of the current register<br>timent of State: (If resigned, enter resi   | ed agent and registered office on file v<br>(gned)   | vith the          |                           |                          |
|   | REGISTERED AGENTS INC.  |  |                   |                           |                          |
|   | 7901 4TH ST N. STE 300  |  |                   | ~1                        |                          |
|   | ST. PETERSBURG, FL 33702  |  |                   | 1 AON E202                |                          |
| 6. The name and (ifchanged):  | I street address of the new registered  | agent (if changed) and /or registered o  | E AGAS            | 0V 15                     |                          |
|   | C T Corporation System  |  | 333<br>333<br>307 | AM                        | n in in                  |
|   | 1200 South Pine Island Road   |  | FL<br>FL          | 9: 0                      | •                        |
|   | Plantation, Florida 33324   | ) Box NOT acceptable   | (T)               | _                         |                          |
| The street address changed will                                       | ess of its registered office and the str<br>be identical.   | reet address of the business office of   | its registe       | red age                   | ent,                     |
| Such change wa<br>authorized by th                                    | is authorized by resolution duly ado<br>ne board, or the corporation has beer   | pted by its board of directors or by an inotified in writing of the change.  | n officer s       | 0                         |                          |
| /s/TIMC   | THY CASEY   | TIMOTHY CASEY, SECRETAR  |                   |                           |                          |
| Thereby accept<br>I further agree of my duties, an<br>document is bei | te of un officer or director  the appointment as registered agent to comply with the provisions of all; all I am familiar with and accept the ng filed merely to reflect a change it is been notified in writing of this char | Printed or typed name and a and agree to act in this capacity, statutes relative to the proper and co obligation of my position as register in the registered office address. There and e.g. |                   | rformç<br>Or if<br>m that | —<br>ince<br>this<br>the |
| C T Corporation   | System San Cham A   | 11/06/2023   |                   |                           | _                        |
| Sig   | nature of Registered Agent  | Date   | -                 |                           |                          |
| If signing on be  | half of an entity:  |  |                   |                           |                          |
| SEAN L. EMER  | ICK, ASSISTANT SECRETARY  |  |                   |                           |                          |
| <u>.i.</u>  | ped 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)

By: