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(((H23000240651 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274

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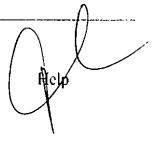
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COVER LETTER

TO: Amendment Section Division of Corporations Ateme, Incorporated Name of Corporation F11000000895 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen 888 705-7274

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

	provisions of sections 607.05 unge is submitted for a corpo					
in orde	er to change its registered off	ice or registered	agent, or both, in th	e State of Florida.		
1. The name of	the corporation: Ateme, Ir	corporated				
• •	office address: 750 W. H	AMPTON A	VENUE, SUI	TE 290		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 3/1/2	2011	Document number	F11000000895		
	d street address of the current rtment of State: (If resigned, o		and registered offic	e on file with the		
	CORP2000, IN	IC.				
	155 OFFICE PLAZA D	RIVE				
	TALLAHASSEE, FL 32	2301		20		
6. The name and (if changed):	d street address of the new re	gistered agent (if	changed) and /or re	gistered office		
	Registered Agent	Solutions,	Inc.	5		
	2894 Remington Green Ln. Ste. A					
	Tallahassee	P.O. Box NOT	acceptable 32308	N 		
The street address changed will	ess of its registered office an be identical.	d the street addre	ess of the business	office of its registered agent,		
•	as authorized by resolution d ne board, or the corporation					
/s/ Lee S	cott	Lee	Scott	Authorized Person		
I hereby accept I further agree to of my duties, an document is bei	to of in officer of director the appointment as registers to comply with the provision of I am familiar with and acc ng filed merely to reflect a c been notified in writing of I	s of all statutes r cept the obligation hange in the reg	ee to act in this car	d name and title pacity, er and complete performance is registered agent. Or, if this sss, I hereby confirm that the		
	اللازق	-	7/10/2023			
Sign	nature of Registered Agent	<u> </u>		atc		
If signing on be	half of an entity:					
Mackenzie Hible	r, Assistant Secretary					
Ту	rpod or Printed Name					
	* * * F	ILING FEE: \$3	5.00 * * *			

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