## FH000004854

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2022 APR 27 PM 4: 0
DIVISION OF CORPORATION

O SIMMONS APR 2 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ψt,

ACCOUNT NO. : I2000000195						
REFERENCE : 639017 7989872						
AUTHORIZATION :						
COST LIMIT : \$ 35.00						
ORDER DATE : April 26, 2022						
ORDER TIME : 2:22 PM						
ORDER NO. : 639017-006						
CUSTOMER NO: 7989872						
	<del>-</del>					
CHANGE OF AGENT						
NAME: ATRILOGY SOLUTIONS GROUP, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
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XX _ PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						

EXAMINER'S INITIALS:

## FILED

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

statement of cha in orde	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the law ered agent, or both	is of the State of $\underline{}$	Delaware	,
	he corporation: ATRILOGY SOLUTION office address: 2400 MEADOWBROOK		UTH, GEORGIA	30096	<del>-</del>
3. The mailing a	ddress (if different):				<del>-</del> -
4. Date of incorp	poration/qualification: 08/23/2021	Document n	umber: F21000	004854	
	street address of the current registered a tment of State: (If resigned, enter resign		d office on file wi	th the	
	CT CORPORATION SYSTEM			_	
	1200 S PINE ISLAND RD			_	
	PLANTATION	FL	33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Corporation Service Company   1201 Hays Street   P.O. Box NOT acceptable   P.O. Box N					2022 APR
	1201 Hays Street	<del></del>		TARY AHAS	27
P.O. Box NOT acceptable					A
	Tallahassee	FL	32301	STA FL	7: 5
_	ss of its registered office and the street be identical.				
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of d ptified in writing o	irectors or by an of the change.	officer so	
ylich Gar	WT	Richard Escoffe	ry	Secretary	
-	e of an officer or director		d or typed name and tit	le	
1 further agree t of my duties, and document is beit corporation has	the appointment as registered agent are comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change in Service Company	utes relative to the ligation of my posi he revistered office	his capacity. Proper and com tion as registered address, I hereb	plete performand Lagent, Or, if the Sy confirm that th	re is e
By: Mare	nature of Registered Agent	03/25/2022	IN-re-		
_	half of an entity:		Date		
Grace E. Kirbv. /	Asst. Vice President				
	ped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*