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To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6380	

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## REGISTERED AGENT CHANGE AATL, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Virginia registered agent, or both, in the State of Florida.
	the corporation: AATL, INC.	Together to agent or oxion, by the thate by I to had.
	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	nddress (if different):	
4. Date of incor	poration/qualification: 12/29/1999	Document number: F99000006702
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	MARSHALL, JOHN	
	1500 bay rd # 1070s	
	MIAMI BEACH, FL 33139	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office
	Registered Agents Inc	2024 1 2024
	7901 4th St N STE 300	- : : : : : : : : : : : : : : : : : : :
		P.O. Box NOF acceptable
	St. Petersburg FL 33702	
The street addre as changed will	ess of its registered office and the be identical.	estreet address of the business office of its registered agent,
Such change was authorized by th	ns authorized by resolution duly ε ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
N. W. C. C.	WRIRKIN -	JOHN MARSHALL - CEO
I further agree l of my duties, an document is bei	to comply with the provisions of a ad I am familiar with and accept t	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Davi Greas		05/24/2024
Sig	nature of Registered Agent	Duc
If signing on be	half of an entity:	
David Roberts		
T	yped or Printed Name	-

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