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COVER LETTER

Registration Section

Division of Corporations

ATO INVESTMENTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TORO, GERMAN

Name of Person

ATO INVESTMENTS LLC

Firm/Company

2445 sw 18 TERRACE AP. 712

Address

FORTLAUDERDALE, FL. 33315

City/State and Zip Code

atoinvestmentsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

German Toro

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ATO INVESTMENTS LL	С
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	1300 CAMELIA CIRCLE WESTON, FL. 33326
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
APRIL 16TH, 2013	L13000055987
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	TORO, GERMAN
Registered Office Address:	1300 CAMELIA CIRCLE WESTON, FL. 33326
	2019 A.C.L.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	(ZZ-man
NEW Registered Agent:	\$550 D
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1587 ZENITH WAY WESTON, FL 33327
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office
Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in
address I hereby confirm that the limited liability company Signature of Registered Agent	has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00