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K. SALY JAN 12 2017

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:ATS GEOLOGICAL AND GEOTECHNICAL CONSULTING LLC						
Name	e 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	s matter to the following:					
Andrew T. Sway						
Name of Person						
ATS Geological and Geotechnical Cons	sulting LLC					
Firm/Company						
13620 Vanderbilt Road						
Address						
Odessa, FL 33556						
City/State and Zip Code						
andrewsway@hotmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter,	please call:					
Andrew T. Sway	813 240-4476					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: ATS Geologica	al and	Geotec	chnical Consulting LLC
2. (a)	13620 Vanderbilt Road	(b	1362	Vanderbilt Road
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Odessa, FL 33556	_	Odes	sa, FL 33556
	02/10/2014	_	 L1400	0022437
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.		
υ. (<u>μ</u>)	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	e Florida	Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET AL SUITE A	<u>DDRESS</u>	1	
	TAMPA ,FL	33612		Task of Ti
(b)	Andrew T. Sway			FILED AN 2. SECRETARY OF STA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	<u>lress</u> :	mg 3
	13620 Vanderbilt Road			LORNIC 2: 10
	NEW Registered Office Address:			
	Odessa , FL3	33556		
the cha agent v was/wo	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of drganization or the operating agreement of the li	he regis pility co the lim	tered of mpany, ited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	Amora	And	lrew T.	Sway
Signa	ture of a vnember or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act performe for in C ereby co	in this c unce of i Chapter onfirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been

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

Signature of Registered Agent