

(((H21000161871 3)))

(shown below) on the top and bottom of all pages of the document.



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Account Name : CAPITOL SERVICES, INC.

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LLC REGISTERED AGENT CHANGE ATIO USA, LLC

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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. N	ame of the limited liability company: ATIO USA, LLC	2		
2. (a)			(b)	
(-)	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)
	3055 Evereane Road		3055 Eve	reane Road
	Clewiston, Florida 33440		Clewiston	ı, Florida 33440
	March 4, 2014		L14000036	253
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	Lucio Medolago			
). (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	 re:
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRE	SS)	_
	Clewiston	33440		生 2
(b)	Santos & Company, P.A. Enter name of NEW Registered Agent and/or NEW Registered	Office :	ddress:	FILE APR 22
	NEW Registered Office Address:		-	SILLE CORDY
	999 Ponce De Leon Boulevard, Suite 1020			PH PP: 37
	Coral Gables	33134		7
nange gent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of aganization or the operating agreement of the less of aganization.	s of the register bility of the lin	ed office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s)
	the state of the s			Guido Gerosa
	ure of a member or symorized representative of a member			Printed or typed name of signee
re obli p mere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to ac erform for in e ereby c	t in this capa ance of my d Chapter 605, onfirm that ti	city. I further agree to comply with the uties, and I am jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been
egnutun	e of Registered Agent			•
	Division of Corporations P.O. B	or 632	7● Tallahass	see, FL 32314

INHS18 (2/14)