Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000114042 3)))



| т.,      |  |              |            |        |
|----------|--|--------------|------------|--------|
| To:      | Division of Corporations                               |              |            |        |
|          | Fax Number : (850)613                                  | 7 - 6383     |            |        |
| From:    |  |              |            |        |
|          | Account Name : REGISTER Account Number : I2009000      |              | NC.        |        |
|          | Phone : (307)200                                       |              |            |        |
|          | Fax Number : (855)330                                  |              |            |        |
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| annual r | eport mailings. Enter only dress: LLC REGISTERED AC    | one email ac | NGE        | ase.** |
| annual r | LLC REGISTERED AC                                      | GENT CHAN    | NGE        | ase.** |
| annual r | LLC REGISTERED AC  ALVA ELECTRONIC                     | GENT CHAN    | NGE        | ase.** |

Help

## 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.

| [3]        |   | (b)                 |                                    |                                       |                           |          |  |
|------------|---|---------------------|------------------------------------|---------------------------------------|---------------------------|----------|--|
| . (4)      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ \/                | Mailing address of<br>(Note: MAYBI |                                       |                           |          |  |
|            | 7901 4th St N STE 300   | 790 <sup>-</sup>    | 7901 4th St N STE 300              |                                       |                           |          |  |
|            | St. Petersburg FL 33702   | St. P               | etersburg FL 33                    | 1702                                  |                           | _        |  |
|            | 05/13/2014  | L14000077546        |                                    |                                       |                           |          |  |
|            | Date of filing/registration in Florida  | 4,                  | Document nur                       | mber                                  |                           | —        |  |
|            | ATLAS ACCOUNTING & INTERNATIONAL  | CONSULTIN           | l                                  |                                       |                           |          |  |
| . (a)      | Registered Agent and Registered Office shown on the records of the  |                     |                                    |                                       |                           |          |  |
|            | 1417 S. Burgandy Trail  |                     |                                    |                                       |                           |          |  |
|            | Registered Office Address (MUST BE FLORIDA STREET)  | (DDRESS)            |                                    |                                       |                           |          |  |
|            |   |                     |                                    |                                       |                           |          |  |
|            | JACKSONVILLE FL   | 32259               |                                    |                                       |                           |          |  |
|            |   | <del></del>         |                                    | <del></del> 1                         | r~a                       |          |  |
| (b)        | Registered Agents Inc.  | 0.65                |                                    |                                       | C.                        |          |  |
|            | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office address:     |                                    | AR<br>HAN<br>ASSOCIATION              | APR                       | <u> </u> |  |
|            | 7901 4th St N   |                     |                                    | (3) ·                                 | 5                         | $\equiv$ |  |
|            | NEW Registered Office Address:  |                     |                                    | 1.4 a.v.                              |                           | 'n       |  |
|            | STE 300   |                     |                                    | E E E E E E E E E E E E E E E E E E E | AM IO: 3                  | (        |  |
|            |   |                     |                                    | OR T                                  | 유                         | **       |  |
|            | St. Petersburg  | 33702               |                                    | \$ -                                  |                           |          |  |
| f the 1    | imited liability company is not organized under the lav   | ws of the State c   | of Florida, it is here             | by confirmed                          | that after                |          |  |
| he cha     | mee or changes are made, the Florida street address of  | the registered o    | office and the busin               | iess office of t                      | the registe               | red      |  |
| vas/w      | will be identical. Or, in the case of a Florida limited li-<br>ere authorized by an affirmative vote of the members of  | of the limited lia  | ibility company or a               | as otherwise p                        | orovided i                | 11       |  |
| he arti    | icles of organization or the operating agreement of the   | limited liability   | company.                           |                                       |                           |          |  |
| . Olava    | ture of a member or authorized representative of a member   | Riley Par           | Printed or typed                   | name of signer                        |                           |          |  |
| 5 112 1121 | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I |                     | * -                                | _                                     |                           |          |  |
| _          |   | ing to cust in this | rannarini ittirilar                | ヒ ハウヒタラ プライカリ                         | 1173112 14 F <i>f</i> / 1 | 11242    |  |