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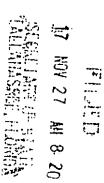
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ATMA COMMERCE, LLC		
	Name of Limited Liability Company		
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
Mite	sh Patel		
•	Name of Person		
ATM	A COMMERCE, LLC		
	Firm/Company		
1440	0 Jockey Circle S		
	Address	· · · · · · · · · · · · · · · · · · ·	
Davi	e, FL 33330		
	City/State and Zip Code		
mite	sh@atmacommerce.com		
	E-mail address: (to be used for future annua	Il report notification)	
For fu	rther information concerning this matter, p	lease call:	
Mites	sh Patel	919-413-7800	
	Name of Person	at () Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following a	mount:	
	2 \$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.

Na	me of the limited liability company:	ERCE, LLC	
(a)	14400 Jockey Circle S	1440((b)	O Jockey Circle S
(-)	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)
	Davie, FL 33330	Davie – —	, FL 33330
	11/10/2014	L14000	0174031
(a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS	4. 6, INC.	Document number
(u)	Registered Agent and Registered Office shown on the records of t 13302 WINDING OAKS COURT	the Florida Dept. of S	State:
	Registered Office Address SUITE A	(DDRESS)	
	TAMPA , FL	33612	
(L)	Mitesh Patel		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	14400 Jockey Circle S		Z7 M SSEC.FI
	NEW Registered Office Address:		8 20
	Davie, FL	33330	
e cha gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered off ability company, of the limited liab	fice and the business office of the registere it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
ovisie 2 obli mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address. I have the change in the registered office address.	ee to act in this c performance of n I for in Chapter (hereby confirm th	apacity. I further agree to comply with th ny duties, and I am familiar with and acce 505, F.S. Or, if this document is being file at the limited liability company has been
· Samuel			
ignatui	re of Registered Agent		