## 11500000 4012

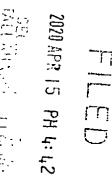
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I ALBRITTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	ATOM TECHNOLOGY SOLU	TTIONS, LLC				
(101)1.	Name of Limited Liability Company					
Dear Si	r or Madam:					
The en	closed Registered Agent/Registered	l Office Change and	d fee(s) are submi	tted for filing.		
Please	return all correspondence concernii	ig this matter to the	following:			
Rose M	arie Gamba					
	Name of Person					
Rose M	arie Gamba CPA PA					
	Firm/Company		<del></del>			
707 Boi	ngart Road					
•	Address		<del></del>			
Winter	Park FL - 32792-2707					
	City/State and Zip Co	ode .				
rosegcp	a@gmail.com					
E	-mail address: (to be used for future	e annual report noti	fication)			
For fur	ther information concerning this ma	atter, please call:				
Rose M	arie Gamba	407 at (	671-8483	cell # cr (407) 619-2283		
	Name of Person		Area Code &	Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	wing amount:				
	☐ \$25 Filing Fee		\$55 Filing Fee & (	Certified Copy		



2020 APR 15 PM 12: 37

## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2020

**ROSE MARIE GAMBA** 707 BONGART ROAD WINTER PARK, FL 32792-2707

SUBJECT: ATOM TECHNOLOGY SOLUTIONS, LLC

Ref. Number: L15000004012

We have received your document for ATOM TECHNOLOGY SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 620A00007157

## 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.

Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  L15000004012  Date of filing/registration in Florida 4. Document number  DOMINIUM CONSULTING SERVICES, LLC  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  0965 PIAZZA GRANDE SUITE 206 ORLANDO, FL 32835  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  Rose Marie Gamba CPA PA  Enter name of NEW Registered Agent and/or NEW Registered Office address:  707 Bongart Road, Winter Park FL, 32792-2707  NEW Registered Office Address:  FL  Ilimited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after or changes are made, the Florida street address of the registered office and the business office of the register will be identical. Or, in physics of a Florida limited liability company, it is hereby confirmed that the changel ere authorized by an affordative vote of the members of the limited liability company or as otherwise provide icles of organization of the operating agreement of the limited liability company.  AMBR Vilmar Diemer de Oliveira  Printed or typed name of signee	707 Bongart Road, Winter Park, FL, 32792-2707		707 Bongart Road, Winter Park, FL, 32792-2707		
Date of filing/registration in Florida 4. Document number  DOMINIUM CONSULTING SERVICES, LLC  Registered Agent and Registered Office shown on the records of the Florida Dept, of State:  6965 PIAZZA GRANDE SUITE 206 ORLANDO, FL 32835  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  FL			Mailing address of limited liab		
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	nture of a member or authorized representative of a member	AMD			
by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit		e to act i			
	ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h	ereby con	tirm that the limited I	liability company has bée	

Signature of Registered Agent