# L17000032050

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
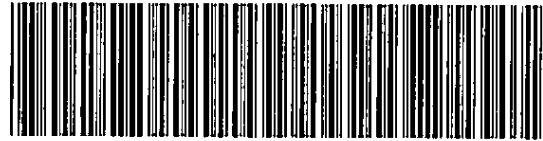
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

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# COVER LETTER

**TO:**  Registration Section
Division of Corporations

Atlas Property Solutions, LLC

**SUBJECT:** _____
<div align="center">Name of Limited Liability Company</div>

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dominic Ingram III

_____
<div align="center">Name of Person</div>

Atlas Property Solutions, LLC

_____
<div align="center">Firm/Company</div>

3850 South University Drive #291511

_____
<div align="center">Address</div>

Davie, FL 33328

_____
<div align="center">City/State and Zip Code</div>

atlaspropertysolutionsllc@gmail.com

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominic Ingram III                                954          770-4734

_____ at (_____) _____
<div align="center">Name of Person                      Area Code & Daytime Telephone Number</div>

**Mailing Address:**                          **Street Address:**
Registration Section                          Registration Section
Division of Corporations                      Division of Corporations
P.O. Box 6327                                 The Centre of Tallahassee
Tallahassee, FL 32314                         2415 N. Monroe Street, Suite 810
                                              Tallahassee, FL 32303

**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.*

Atlas Property Solutions, LLC

1. Name of the limited liability company: _____

2. (a) 3850 South University Drive #291511, Davie, FL 33328      (b) PO Box 291511, Davie, FL 33329

Principal office address of limited liability company:      Mailing address of limited liability company:
*(Note: MUST BE STREET ADDRESS)*      *(Note: MAY BE POST OFFICE BOX)*

3850 South University Drive #291511      PO Box 291511

Davie, FL 33328      Davie, FL 33329

02/09/2017      L17000032050

3.      Date of filing/registration in Florida      4.      Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Dominic Tyrone Ingram III

Registered Office Address    *(MUST BE FLORIDA STREET ADDRESS)*
3850 South University Drive #291511

Davie      33328
_____ , FL_____

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Atlas Holding Company, LLC

**NEW** Registered Office Address:
3850 South University Drive #291511

Davie      33328
_____ , FL_____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dominic Ingram III

_____      _____
Signature of a member or authorized representative of a member      Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

_____
Signature of Registered Agent

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

INHS18 (2/14)