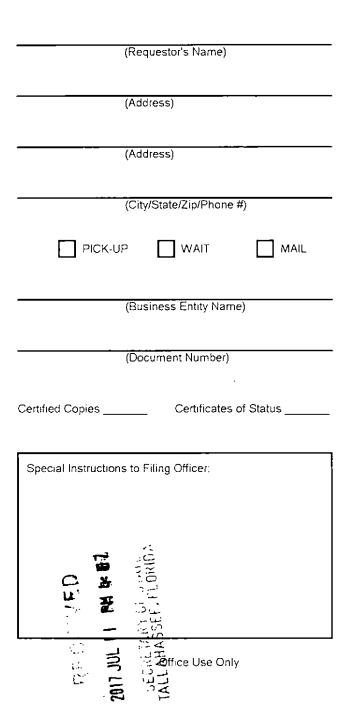
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AJILOS GO SCIVICES Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Marilyn Solano Name of Person		
ATMASGA Services		
707 Cypress Green Cir Address	cle	
Wellington, FL 33414 City/State and Zip Code		
Many F. Solano & notification) E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please ca	all:	
Mame of Person at (Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
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.

1. Na	ime of the limited liability company: ATMOSSO SCIVICES
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 707 C PICSS CICEN CICE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wellinston, FL 33414 Wellinston, FL 33414
3.	Date of filing/registration in Florida L17000121510 Document number
5. (a)	Parities V. Corte3 Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9180 Roan Core
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	POT Cypiess Cheen Cir NEW Registered Office Address:
	Wellinston FL 33414
the cha agent v was/wo	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	ture of a member of authorized representative of a member Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change
Signatur	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00