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COVER LETTER

Name of Limited Liability Company 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: MAMTA PATEL Name of Person ATLANTIS HOLDINGS, LLC Firm/Company 1471-B CAPTAINS WALK Address FORT PIERCE, FL, 34950 City/State and Zip Code CAMELOTLAUNDRIES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAMTA PATEL 772 466-9694	TO: Registration Section Division of Corporations ATLANTIS HOLDINGS, LLC	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MAMTA PATEL Name of Person ATLANTIS HOLDINGS, LLC Firm/Company 1471-B CAPTAINS WALK Address FORT PIERCE, FL, 34950 City/State and Zip Code CAMELOTLAUNDRIES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAMTA PATEL Name of Person Area Code & Daytime Telephone Numb Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	SUBJECT:	ed Liability Company
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Name of Person Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: 772 466-9694 Area Code & Daytime Telephone Numb Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	E-mail address: (to be used for future annual report r	notification)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Area Code & Daytime Telephone Numb Area Code & Daytime Telephone Numb Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	For further information concerning this matter, please call	:
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	Enclosed is a check for the following amount:	
	•	☐ S55 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. No	ame of the limited liability company: ATLANTIS HOL	_DINGS, LLC	
2. (a)	4097 SOUTH US 1	(b) 1471-E	B CAPTAINS WALK
-, (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	FORT PIERCE, FL	FORT	PIERCE, FL
	34982	34950	
	MARCH 1, 2020 4/13/2018	L180000	093409
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PANKAJ PATEL		
J. ()	Registered Agent and Registered Office shown on the records of PRESIDENT	f the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET) 1471-B CAPTAINS WALK	ADDRESS)	
	FORT PIERCE, F	L	202
(b)	MAMTA PATEL		2020 FEB
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	26
	PRESIDENT		, 28 1
	NEW Registered Office Address:		——
	1471-B CAPTAINS WALK		36 —
	FORT PIERCE, F	34950 L	
change agent was/w the art Signa I here provis the obsto mer	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the florida member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of my position as registered office address, I directly reflect a change in the registered office address, I directly reflect a change in the registered office address.	e registered office iability company, of the limited liability of limited liability of PANKAJ PA	e and the business office of the registered it is hereby confirmed that the change(s) polity company or as otherwise provided in company. ATEL Printed or typed name of signee
Signati	irt of Registered Agent		