## 1190000 15216

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
(Document Number)							
Certified Copies	_ Certificate	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



900331654589

07/15/19--01018--003 \*+25.00

JUL 2 6 2019 S. YOUNG FILED

SFORT A 15 PM 6: 50

SFORT A 15 PM 6: 50

## **COVER LETTER**

то:	Registration Section Division of Corporations	, •	•					
SUBJ	ECT: ATLAS INVESTMENTS P7							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the	following:					
Mich	ael A Klugmann							
	Name of Person		<del></del>					
Atlas	Investments P7							
	Firm/Company		_					
48 W	est 48th Street STE 201							
	Address		_					
New	York, NY 10036							
	City/State and Zip Code		_					
Mich	ael@AtlasHoldingsLLC.net							
ŀ	E-mail address: (to be used for future ann	nual report notif	ication)					
For fu	rther information concerning this matter,	please call:						
Micha	ael Klugmann	845	642-3897					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Dir P.C	gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314					
Enclosed is a check for the following amount:								
	☑ S25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy					
INHS1	8 (2/14)							

1

## 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	me of the limited liability company: ATLAS INVES	TMEN	ITS P7			
2.	(a)	MICHAEL A. KLUGMANN	(b	)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• `		Mailing address of limit	•	
		48 WEST 48TH STREET STE 201		7901 4th	h St N, STE 400		
		NEW YORK, NY 10036	<b>-</b> -	St. Pete	rsburg, FL 3370	2	
		03/18/2019		L1900007	75276		
3.	(a)	Date of filing/registration in Florida KLUGMANN, MICHAEL A	4.		Document number	r	
٥.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  5005 COLLINS AVE  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- e: -			
		C-1			-		
		MIAMI BEACH	33140		_		
	(b)	Registered Agents Inc.					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	<u>iress</u> :	-	500 -	•
		7901 4th St N, .				ALLAHA	
		NEW Registered Office Address:			-	<b>契性</b> _	
		STE 300			_	<u> </u>	<u>iu</u>
		St. Petersburg, FL 3	33702		_	PH 6:5	
the age wa	cha ent w s/wg	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the full be identical. Or, in the case of a Florida limited liab fe adhorized by an affirmative vote of the members of eless of organization or the operating agreement of the li	he regis bility co the lim mited l	stered office impany, it is ited liabilit	e and the business of a hereby confirmed by company or as other than the company.	office of the that the ch	e registered hange(s)
_5	gnat	ure of a member or authorized representative of a member			Printed or typed name	e of signee	
pro the to	ovisi obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	ertorm	ance of my i	duties, and I am far	miliar with	and accent

Signature of Rogistered Agent