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OCT 2 U 2020

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:	ATIO	N, L	LC	
2. (a)	4813 N. Manhattan Ave		(b)	4813 N.	Manhattan Ave
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite A	_		Suite A	
		TAMPA, FL 33614			TAMPA,	FL 33614
		04/30/2020		I.	20000118	019
3.		Date of filing/registration in Florida	4.	_		Document number
5. ((a)	BREWER, CHRISTOPHER W				
, ,	(,	Registered Agent and Registered Office shown on the records of the 400 NORTH ASHLEY DRIVE SUITE 100	ne Flor	rida I	Dept, of Star	e:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	:33)		_
		TAMPA , FL	33602	<u>-</u>		- ⁻ 2
(b)	b)	Corporate Creations Network Inc.				2620 OCT
		Enter name of NEW Registered Agent and/or NEW Registered (Office	add	ress:	그 그
		801 US Highway 1				
		NEW Registered Office Address:				- K
		North Palm Beach , FL	33408	₹		_
chai agei was	nge nt v /w(imited liability company is not organized under the law or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	ered con imit	l office an ipany, it i ed liabilit	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
		aitlin Lazarus	<u>C</u>	aitli	n Lazarus,	Attorney-in-Fact
		ture of a member or authorized representative of a member				Printed or typed name of signee
prov the to n	visi obl igre	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change	xerfor för i	mai n Cl	ice of my lapter 60:	duties, and I am familiar with and accept 5. F.S Or, if this document is being filed
		aitlin Lazarus Caitlin Lazarus, Specia	l Se	cret	ary	