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36 09/24/20

COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: ATOMOS SCIENCES LLC

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:

THOMAS E DAVISON

Name of Person

ATOMS SCIENCES LLC

Firm/Company

3300 S. DIXIE HIGHWAY, SUITE 1-701

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

THOMASEDAVISON@GMAIL.COM

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

For further information concerning this matter, please call:

THOMAS E DAVISON	904 525-1571 at ()
Name of Person	Area Code & Daytime Telephone Numb
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:

S25 Filing Fee

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. N	same of the limited liability company:	ENCES	LLC	
2. (a	3300 S. DIXIE HIGHWAY		(b) 3300 S. DI	XIE HIGHWA Y
(u	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1-701		SUITE 1-7	01
	WEST PALM BEACH, FL 33405		WEST PAI	LM BEACH, FL 33405
	5/12/2020		L200001277	45
3.	Date of filing/registration in Florida			Document number
5. (a	THOMAS E DAVISON			
	Registered Agent and Registered Office shown on the records of	of the Flo	orida Dept. of State	:
	1403 GEORGIA AVE, APT 3			
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDR</u>	<u>ESS)</u>	SECR
	WEST PALM BEACH I	FL	1	
(b)			SSEE
X	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Offic	e addr <u>ess</u> :	
	THOMAS E DAVISON			
	NEW Registered Office Address:			
	3300 S. DIXIE HIGHWAY, SUITE 1-701			
	WEST PALM BEACH	−1.3340 ۲	5	
chang agent was/v	limited liability company is not organized under the l ge or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of ne regis liability s of the	the State of Flor tered office and company, it is limited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
-	Hem Therein	-	THOMAS E DAV	VISON

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.

n Signature of Registered Agent

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