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(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Consideration to Filling Officer		
Special Instructions to Filing Officer:		
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08/23/21--01037--030 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A RECO SEACIA Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Kaifl T. Shanlock Name of Person	
Agro Sences Horing, LLC Firm/Company	
1800 GATZE AVE. Address	
City/State and Zip Code	
E-mail address: (to be used for future annual repor	notification)
For further information concerning this matter, please ca	all:
at ( at (	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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. Name of the limited liability company: ATRO Server	onside LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	lailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Brasnen, Fr 300 Cole	Busts L 32200
	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
NAVARRA, EZ 32566.	FIL 23
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	AM 9:4
4295 LAVADET Cincle NEW Registered Office Address:	∄. ω Ø
GERSA 60 A .FL 32504	
If the limited liability company is not organized under the laws of the State of Flor change or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is I was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I borahy accent the appointment as registered quant and agree to act in this capus	Trined of typed thanks of signed

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.

Signature of Registered Agent