

L20000266703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

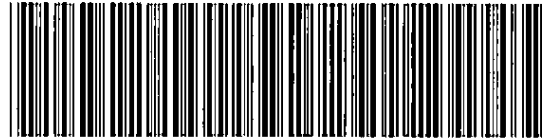
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

OCT 09 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 086421 7531940

AUTHORIZATION :

COST LIMIT *\$25.00*

ORDER DATE : October 7, 2021

ORDER TIME : 2:33 PM

ORDER NO. : 086421-005

CUSTOMER NO: 7531940

CHANGE OF AGENT

NAME: ATIX LABS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATIX LABS 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:

J. Michael Vaughn

\_\_\_\_\_  
Name of Person

Taylor English Duma LLP

\_\_\_\_\_  
Firm/Company

1600 Parkwood Circle, Suite 200

\_\_\_\_\_  
Address

Atlanta, GA 30339

\_\_\_\_\_  
City/State and Zip Code

legal-corporate@globant.com

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

For further information concerning this matter, please call:

J. Michael Vaughn

424 313-1602  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**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: ATIX LABS LLC
2. (a) 875 Howard Street, Suite 320  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
San Francisco, CA 94103
- (b) 875 Howard Street, Suite 320  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
San Francisco, CA 94103
3. 09/04/2020  
Date of filing/registration in Florida
4. L20000266703  
Document number

5. (a) MMXVII CONSULTING LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

2625 Weston Road, Suite D

Weston, FL 33331

- (b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]  
Signature of a member or authorized representative of a member

Néstor Augusto Nocetti

Printed or typed name of signer

*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

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

**FILED**  
2021 OCT -7 AM 9:18  
CLERK OF STATE  
TALLAHASSEE, FL