## L20000283458

(R	Requestor's Name)					
(Address)						
(0)						
(Address)						
(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

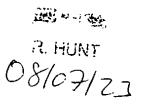
Office Use Only



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08/07/23--01926--019 \*\*/%.03





## 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.

. Na	me of the limited liability company:  Atrium Capital G	oup, LLC			
l. (a)	S Bumby Ave. Orlando El 32803		(b) 201 S. Bumby Avc., Orlando, FL 32803		
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	201 S. Bumby Ave.	201 S.	Bumby Ave.		
	Orlando, FL 32803	Orland	o, FL 32803		
	9/17/2020	L20000	293458		
3.	Date of filing/registration in Florida	4.	Document number		
. (-)	Adam T. Wonus and 201 S. Bumby Ave., Orlando, FL 32	803			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:		
	Adam T. Wonus and 201 S. Bumby Ave., Orlando, FL 32	803			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	<del></del>		
	201 S. Bumby Ave.				
	Oriando , FI	32803	169		
	Ghantous & Branch, PLLC				
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
		· · · · · · · · · · · · · · · · · · ·			
	Ghantous & Branch, PLLC				
	NEW Registered Office Address:				
	1927 S. Fern Creek Ave.		29 ATE		
	Orlando . FI	32806			
change agent v was/w the art Signa I here provis the obt	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the dure of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete lighting of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	registered office ability company, of the limited lia- limited liability Adam T. Wo	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Printed or typed name of signee  canacity. I further agree to comply with the		

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations							
SUBJECT:	Atrium Capital Group, LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	Registered Agent/Registered	i Office Change at	nd fee(s) are submitted for	filing.				
Please return	all correspondence concerni	ng this matter to th	e following:					
Adam Wonus								
	Name of Person							
Atrium Capit	al Group, LLC			<b>78</b> 337				
	Firm/Company	<u></u>		•				
201 S. Bumby	y Ave.			55 1				
	Address		<del></del>					
Orlando, FL	32803			-7 PM 1:29				
	City/State and Zip Co	ode						
awonus@atri	ummanagement.com							
E-mail	address: (to be used for futur	e annual report no	tification)					
For further i	nformation concerning this m	atter, please call:						
Adam Wonus	S	407 at (	585-2721					
-	Name of Person	3. (	Area Code & Daytim	e Telephone Number				
Reg Div P.O	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303							
Enc	losed is a check for the follo	wing amount:						
<b>=</b> \$	25 Filing Fee		\$55 Filing Fee & Certifie	d Copy				