

11/12/21, 4:52 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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Electronic Filing Menu

Corporate Filing Menu

Help

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUZ A TAMAYO	211 LEATHERWOOD CT	<input type="checkbox"/> Add
		WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUZ ELENA GONZALEZ ARCIL	451 SW 92 PASSAGE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) 7. The 90th day after the record is filed.

Dated 11/12/2021 _____

 Sig

Signature of a member or authorized representative of a member

MARTHA L PIQUE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA