Fax: 18134365206

Division of Corporations

Florida Department of State Division of Corporation

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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F	Address:			
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LLC REGISTERED AGENT CHANGE ATLAS TRADE LLC

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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	ame of the limited liability company:	LC	·			
2. (a)		(}	o)			
(,	Principal office address of firmted hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7901 4TH ST N STE 18693		7901 4TH S	ST N STE 18693		
	ST PETERSBURG FL 33702		ST PETER	SBURG FL 33702		
	01/09/24		L240000222	773		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	NORTHWEST REGISTERED AGENT LLC					
J. (a,	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	- c:		
	7901 4TH ST N					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	27	-		
	STE 300					
	ST. PETERSBURG FI	L_33702		-	20'	
(b)	Registered Agents Inc				AT PIC FILE 2025 SEP - 2	
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	·•·	-2 Fig.	
	7901 4th St N				19 (B)	
	NEW Registered Office Address:				ယ္ယ	
	STE 300			-	21	
	St. Petersburg	33702 L		_		
the chagent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginability of the lingle limited	stered office ompany, it is nited liability	e and the business office of shereby confirmed that the sycompany or as otherwish apany.	of the registered ne change(s) re provided in	
•	sture of a member or authorized representative of a member			Printed or typed name of sign		
provis the ob to mer	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of the complete in the registered office address. If it writing of this change. David Roberts - Assistant S	e perform ed for in (hereby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to c duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	comply with the with and accept it is being filed any has been	
	ure of Registered Agent	Juli utai y				