

M080000001795

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

ATLAS RECOVERY MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

J. BRYAN

\$25.00 FEB 20 2009

EXAMINER

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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 608.416 or 608.508, 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: Atlas Recovery Management LLC

2. (a) Principal office address of limited liability company: 640 Mendelssohn Ave N
Golden Valley, MN 55427
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 640 Mendelssohn Ave N
Golden Valley, MN 55427
(Note: MAY BE POST OFFICE BOX)

4/14/2008
3. Date of filing/registration in Florida

M08000001795
4. Document number

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

Registered Agent: NRAI Services Inc.

Registered Office Address: 2731 Executive Park Drive, Suite 4
Weston, FL 33331

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324

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.

Michele Miller
(Signature of a member or authorized representative of a member)

Michele Miller, AIF
(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 608, F.S. 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.

By: C T Corporation System
(Signature of Registered Agent)

Jeanne Nelson
Assistant Secretary

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

INH518 (05/08)

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LIMITED POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Atlas Recovery Management LLC
LLC incorporated under the laws of the state of Minnesota, and the director or indirect owner of the subsidiary entities, does hereby appoint Joanne Nelson and Michele Miller, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the LLC to act for the LLC and in the LLC's name for the limited purposes authorized herein.

The LLC and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the LLC's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the LLC. The attorney-in-fact will not make such changes without the prior approval of the LLC.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jeanne Nelson and Michele Miller shall exercise the power of Vice President, Secretary and/or Manager.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Limited Power of Attorney of

this 10 day of February, 2009.

Atlas Recovery Mount LLC

Company Name

President
Signature and Title

Sworn to before me this 10 day of
February, 2009.

Chad Figg

Notary Public



Circle States to Change

Alaska	Kentucky	N. Dakota
<u>Alabama</u>	Louisiana	Ohio
Arizona	Mississippi	Oklahoma
Arkansas	Maryland	Oregon
California	Massachusetts	Pennsylvania
Colorado	Michigan	Rhode Island
Connecticut	Minnesota	S. Carolina
Delaware	Mississippi	S. Dakota
District of Columbia	Missouri	Tennessee
<u>Florida</u>	Montana	Texas
Georgia	Nebraska	Utah
Hawaii	Nevada	Vermont
Idaho	N. Hampshire	Virginia
Illinois	New Jersey	Washington
Indiana	New Mexico	W. Virginia
<u>Iowa</u>	New York State	Wisconsin
Kansas	<u>N. Carolina</u>	ALL STATES