## M08000004168

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates of Stat	us			
Special Instructions to Filing Officer:					
	J. HORNE	=			
	OCT - 5 20	)23			

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RECEIVED

TALLAHUSSUE, PLORIDA

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 019886 8426581				
AUTHORIZATION: Truckle man				
COST LIMIT : \$ 25.00				
ORDER DATE : September 27, 2023				
ORDER TIME : 10:37 AM				
ORDER NO. : 019886-005				
CUSTOMER NO: 8426581				
CHANGE OF AGENT				
NAME: ATLAS-ARGO, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
AA PUAIN STAMPED COPT				
CONTACT PERSON: Alexxis Weiland-sorenson				
EXAMINER'S INITIALS:				
DAMILIAN D THILLIAD:				

## 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: ATLAS-ARG	O, LLC	_	
. (a)	2100 North Ocean Boulevard, #2602	(t	2)	
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33305			
	09/12/2008		M0800000	4168
	Date of filing/registration in Florida	4.		Document number
. (a)	Incorporating Services, Ltd.			
. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Stat	e:
	1540 Glenway Drive			
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS	22	_
	Tallahassee	FL 32301		
(b)	Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company	red Office ad	dress:	23 OCT -4 AM D: 02
	NEW Registered Office Address:	<del></del>		
	1201 Hays Street			
	Tallahassee	FL		_
nange gent w as/we	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membersies of organization or the operating agreement of the	the registere liability cons s of the limi	d office and mpany, it is ited liability	d the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
	/s/ Jill Cilmi	Jill C	Cilmi, Autho	rized Person
•	re of a member or authorized representative of a member by accept the appointment as registered agent and a point of all statutes relative to the proper and comple gations of my position as registered agent as provide the proper and comple by reflect a change in the registered office address, in writing of this change.	gree to act te performa ded for in C I hereby co	in this capa mce of my a hapter 605, nfirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
ngica	Cly M Lev	Corporat	ion Servi	ce Company
gnatur	e of Registered Agent	Ami M. C	asper, As	st. Vice President

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