N16000002004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CSC – NCH – IFF

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
5605 Riggins Court Suite 200
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Monday, March 26, 2018

SENT VIA USPS

FILED
2018 APR 16 P 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Attached, please find the following document(s):

- Change of Registered Agent

For **ATLAS PROPERTIES GROUP, LLC**

We have included payment in the amount of $25.00 for the following fees:

- Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department
5605 Riggins Court Suite 200
Reno NV 89502
Attn: Judi Anguiano

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. Name of the limited liability company: ATLAS PROPERTIES GROUP, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)
Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)

03/07/2016
3. Date of filing/registration in Florida

M16000002004
4. Document number

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

1200 SOUTH PINE ISLAND RD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL FL 33324

(b) Registered Agents Inc.
Enter name of NEW Registered Agent and the NEW Registered Office address

3030 N. Rocky Point Dr.
NEW Registered Office Address

STE 150A

Tampa FL 33607

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2016 APR 16 P 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Sandra K. Hardman
Printed or typed name of signee

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 605, F.S. Or, 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.

Bill Havre - Assistant Secretary
Signature of Registered Agent

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

DHS31 (2/14)

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. Name of the limited liability company: ATLAS PROPERTIES GROUP, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)

03/07/2016 — Date of filing/registration in Florida

3.

M16000002004 — Document number

4.

5. (a) BUSINESS FILINGS INCORPORATED

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1200 SOUTH PINE ISLAND RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address

3030 N. Rocky Point Dr.

NEW Registered Office Address

STE 150A

Tampa, FL 33607

FILED
2016 APR 16 P 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

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 605, F.S. Or, 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.

Bill Havre - Assistant Secretary

Signature of Registered Agent

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

CR8E18 (2/14)