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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Atlas RE Holdings, LLC			
3000	Name of Limited Liability Company			
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning	g this matter to the	following:	
Noel Pei	na			
	Name of Person			
Atlas RI	E Holdings, LLC			
	Firm/Company			
1683 Ci	tation Drive			
	Address			
West Pa	lm Beach, FL 33417			
	City/State and Zip Coo	le	_	
lisa@atl	asrcholdings.com			
E-	mail address: (to be used for future	annual report notif	ication)	
For furt	her information concerning this ma	tter, please call:		
Lisa Bec	cka	330 at (368-2332	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the follow	ving amount:		
■ \$25 Filing Fee			55 Filing Fee & Certified Copy	

INHS18 (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.

L Na	une of the limited liability company: Atlas RE Holding	s, LLC		
2. (a)	4730 S Fort Apache RD #300	(b) 4730 S Fort Apache RD #300		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Las Vegasa, NV 89147	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Las Vegasa, NV 89147		
3.	08/24/2018 Date of filing/registration in Florida		7993 Document number	
5. (a)	REGISTERED AGENTS INC.			
J. (a)	Registered Agent and Registered Office shown on the records of 7901 4th Street North	the Florida Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET) Suite 300	2020		
(b)	St. Petersburg	33702	SEP THE PART OF TH	
	Noel Pena Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ASS &		
	1683 Citation Drive		PH 4: 43 OF STATE SEE, FL	
	NEW Registered Office Address:		_	
	West Palm Beach, FL	33417	_	
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office arability company, it is finited limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a thember or authorized representative of a member	-	Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I k d'in'writing of this change.	ee to act in this cap performance of my I for in Chapter 60, wereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	fe of Registered Agent			