## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE ATLANTIS CAPITAL GROUP LLC

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JUN 07 2021

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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. Na	me of the limited liability company: Atlantis Cap	ital C	Froup LLC				
		a	(b) 16192 COASTAL HWY				
2. (a)	Principal office address of limited liability company:	_ ((	Mailing address of limited liability company:				
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OF	FICE BOX	•	
	LEWES, DE 19958	_	LEWES	S, DE 19958	<del></del>		
		_	<u></u>				
	10/04/2018		M18000			·	
3.	Date of filing/registration in Florida	4.	I	Document number			
5. (a)	DOMINGUEZ, ROBERT C, ESQ						
J. (L)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State:				
	5881 NW 151 STREET, SUITE 125	,_,					
	Registered Office Address (MUST RE FLORIDA STREET AL	DRES	S)				
					$\mathbf{E}_{i}$	~	
	MIAMI LAKES, FL_	330	14			2021 JUN -1,	
	WIANI LANIS					ĵ.	
<b>(b)</b>	Corporate Creations Network Inc.	_			50 F	1	=
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	ffice ac	ldress:		Ç.		1  77
					71.03	14	
	801 US Highway 1		<del></del>		38.22	ښ	
	NEW Registered Office Address:				한다. (14:4)	09	
			· · · · · ·				
	North Palm Beach FL_	3340	8				
change agent v	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	ility co the lin mited	ompany, it is nited liability liability comp	hereby confirmed that company or as otherwipany.	the change ise provide	(s)	
	/ Vuel	(	Carlos M A	Alvarez, Attorney- Printed or typed name of sig	in-Fact		
_	nure of amember or authorized representative of a member by accept the appointment as registered agent and agree	e Io ac		ala. I fumber opres to	comply wit	th the	
the obj	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided lely reflect a change in the registered office address, the din writing of this change.	erform for in c reby c	ance of my d Chapter 605, onfirm that th	uties, and I am Jamilian F.S. Or, if this documents the limited liability comp	ent is being pany has b	g filed een	
Carlo	os M Alvarez, Special Secretary		•				
	Division of Corporations P.O. Be	ox 632	70 Tallahas:	see, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)