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Division of Corporations

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE ATLAS AG LLC

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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	Same of the limited liability company: ATLAS AG LLO	<u>.</u>			
2 (a			(b)		
2 (	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Nate: MAY BE POST OFFICE BON)	
	520 CLUB SIDE DR		520	CLUB SIDE DR	
	NAPLES, FL 34110	<del></del>	NAF	PLES, FL 34110	
	02/23/2021		M210	00092214	
3.	Date of filing/registration in Florida	-4.		Document number	
5. (a	a)				
J. (1	Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC	of the Flor	da Dept	TILEL TALLYANGS FUNDAMENTALLYANGS FUNDAMENTAL FU	
	Registered Office Address (MUST BE FLORIDA STREET	" ADDRE	<u>s.s)</u>		
	7901 4TH STREET N STE 300			まって	
	ST PETERSBURG, F	33702 L_			
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			PACKALASSE FLIAN	
	LEGALING CORPORATE SERVICES INC.				
	NEW Registered Office Address				
	476 Riverside Ave				
	Jacksonwille, F	L_32202		<del></del>	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the ease of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability of of the li	red offi compan; mited li	ee and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
Abraham Sorock Signature of a member or authorized representative of a member			Abraham Sorock		
Signature of a member or authorized representative of a member Printed or typed name of signed					
provi the or to me	reby accept the appointment as registered agent and as sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide welly reflect a change in the registered office address, l set inwriting of the change.  Bit Tieut ein, Asst Secie Legaling Corporate Service	e perfori ed for in hereby tary of	ct in thi. nance o Chapté confirm	s capacity. I further agree to comply with the finy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signature of Registered Agent				(((H24000308565 3)))	

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