## M22000007157

(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
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ALLABRAGAS MMII: 3



A. BUTLER AUG - 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 841907 8094434

AUTHORIZATION :

COST LIMIT : \$ 2500

ORDER DATE : July 28, 2022

ORDER TIME : 9:43 AM

ORDER NO. : 841907-021

CUSTOMER NO: 8094434

CHANGE OF AGENT

NAME: ATLAS ORGANICS CU12, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

DYAMINDDIC INTERAL

## 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.

(a)	(b)	Mailing address of limited liability company:	
Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )	n	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
156 MAGNOLIA STREET STE B	15	156 MAGNOLIA STREET STE B	
SPARTANBURG, SC 29306	SP	SPARTANBURG, SC 29306	
05/09/2022	M22	2000007157	
Date of filing/registration in Florida	4.	Document number	
(a)			
(a)	ds of the Florida Dept	t. of State:	
C T CORPORATION SYSTEM			
Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	<del></del>	
1200 SOUTH PINE ISLAND ROAD			
PLANTATION	33324		
	h.l	s 2	
(b)		DZZ,	
(b) Enter name of NEW Registered Agent and/or NEW Regis	tered Office address	2022 JUL 29 SECRETAN TALLAHA	
Corporation Service Company		CO TOTAL	
NEW Registered Office Address:			
1201 Hays Street		D :6	
Tallahassee	FL		
he limited liability company is not organized under thange or changes are made, the Florida street address of the mill be identical. Or, in the case of a Florida limits of the authorized by an affirmative vote of the membarticles of organization or the operating agreement of	f the registered of ed liability compa- ers of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
/s/William Caesar	William (	Caesar, Manager	
ignature of a member or authorized representative of a member		Printed or typed name of signee	

Signature of Registered Agent
Grace E. Kirby, Asst. Vice President
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314