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(Re	equestor's Name)	<u> </u>
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Division of	Corporations					
SUBJECT:	ECT: ATOMIK CORPORATION Name of Corporation					
DOCUMENT NUM	, D0000004055					
	•	ffice/Agent and fee are submitted for filing.				
	respondence concerning this ma					
rease return an con		atter to the following.				
_	OBDULIA LEMUS CPA Name of Contact Person					
	·					
_	BIZCPAS, LLP					
	Firm	n/Company				
	4000 411					
-		W 84TH AVE				
	DORA	L, FL 33126				
-	City/Stat	e and Zip Code				
	olemus@)bizcpas.com				
<u></u>	E-mail address: (to be used for	or future annual report notification)				
For further informat	ion concerning this matter, plea	se call:				
Ol Nam	BDULIA LEMUS e of Contact Person	at (305) 593-200 Area Code & Daytime Telephone	Number			
	• • • • • • • • • • • • • • • • • • •	Their State & Buy time Totephone	r vamoc:			
Enclosed is a \$35.00	check made payable to the Dep	partment of State.				
	Mailing Address: Amendment Section	Street Address:				
	Amendment Section Division of Corporations	Amendment Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circ	le			

Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement cf cha	nge is submitted for a	corporation organize	507.1508, or 617.1508, Florido d under the laws of the State of d agent, or both, in the State of	f
	he corporation: ATO			
2. The principal	office address: 1300	NW 84TH AVE D	ORAL, FL 33126	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	08/01/2009	Document number:	P09000061055
	I street address of the c timent of State: (If resign		t and registered office on file v	vith the
	VAZQUEZ, CARL	LOS A		— . .,
	1292 NE 95TH S	TREET		2009 NOV 16 SECRETAR TALLAHASS
	MIAMI SHORES,	FL 33138		I AND
6. The name and (if changed):	street address of the n	ew registered agent (i	f changed) and /or registered o	office man # IT
	BIZCPAS, LLP			STATE LORUE
	1300 NW 84TH A			5
		P.O. Box NOT ac	ceptable	_
	DORAL, FL 3312	6		
The street address changed will	ess of its registered off be identical.	fice and the street add	dress of the business office of	its registered agent,
Such change wa authorized by the	ns authorized by resolute board, or the corpor	ution duly adopted by ration has been notifi	vits board of directors or by a ed in writing of the change.	
	Chang		605700 0. HB	nyson title Incsipery
(c of an officer or director			-
I hereby accept I further agree t t f my duties, an document is bei corporation has	the appointment as re to comply with the pro d I am familiar with a no filed merely to refl been not fied in writi	gistered agent and a wisions of all statute: nd accept the obliga ect a change in the rong of of this change.	gree to act in this capacity, s relative to the proper and co tion cf my position as register egistered c _o fice address, I her	omplete performance red agent. Or, if this reby confirm that the
	-		11/10/0	9,
Sign	nature of Registered Agent		Date	· · · · · · · · · · · · · · · · · · ·
If signing on be	half of an entity:		,	
	ped or Printed Name	CPA.		
1,	•	* * * FILING FEE:	\$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)