

P120000052522

(Requestor's Name)

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(City/State/Zip/Phone #)

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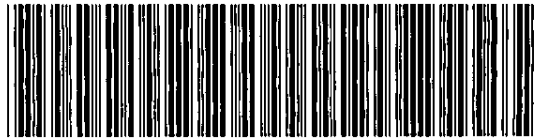
(Business Entity Name)

(Document Number)

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**DATE: 6/9/15**

**NAME: ATLANTIC LASER SCANNING SERVICES INC**

**TYPE OF FILING: CHANGE OF AGENT**


**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ATLANTIC LASER SCANNING SERVICES INC  
2. The principal office address: 607 WHITE CRANE COURT CHULUOTA, FL 32766

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/08/2012 Document number: P12000052522

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

PLATINUM AGENT SERVICES LLC

155 OFFICE PLAZA DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Nick Worrell President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

6/9/15  
Date

If signing on behalf of an entity:

Steven Friedman, President  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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