P14000611122

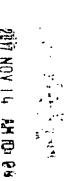
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TO:

Amendment Section Division of Corporations



OCUMENT NUMBER: P14000011122

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Warren Zinn

Name of Contact Person

Atlas Capital Group

Firm/Company

7705 NW 48 St. Ste. 110

Address

Doral, FL 33166

City/State and Zip Code

warren@atlascapitalinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Warren Zinn

,305

4770016

BIT TOU LE THE BE

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, the on organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida.	is 	
1. The name of	the corporation: Atlas Capita	al Group, Inc.		
		3 St. Ste. 110 Doral, FL 33166		_
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: $\frac{2/4/14}{}$	Document number: P1400001112	2	
	d street address of the current reg artment of State: (If resigned, ente	istered agent and registered office on file with the resigned)		
	Warren T. Zinn			
	1413 20th Street Unit	209		
	Miami Beach, FL 3313	39		
6. The name an (if changed):		ered agent (if changed) and /or registered office	ALL AON HARE	ه. نو ابد گ
	Warren T. Zinn		E 7	
,	7705 NW 48 St. Ste. 1	110	£ 6€.	
		. Box NOT acceptable	•	
	Doral, FL 33166			
The street addr as changed wil	ess of its registered office and the identical.	ne street address of the business office of its registered	l agent,	
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.		
1-V		Warren Zinn President		
I hereby accept I further agree performance of agent Or if th	to comply with the provisions of (my duties, and I am familiar wi	•	red I	
Sig	gnume of Registered Agent			
If signing on be	chalf of an entity:			
Warren Zir	nn			
-	Connel or Printed Name	_		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)