

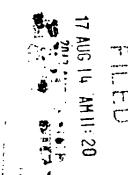
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R. LYMILE

COVER LETTER

TO: → Registration Section
Division of Corporations

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Atlass Special Risks, LLC	
	Limited Liability Company
Dear Sir or Madam;	
The enclosed Registered Agent/Registered Office C	Thange and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Emily Smith	
Name of Person	
Paracorp Incorporated	
Firm/Company	,
PO Box 160568	
Address	
Sacramento, CA 95816	
City/State and Zip Code	
annualreports@myparacorp.com	
E-mail address: (to be used for future annual)	report notification)
for further information concerning this matter, plea	ase call:
Emily Smith	888 280.6563
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am-	ount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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: ATLASS SPECIAL RISKS, INC.
2. The principal office address: 1300 SE 17th St., Suite 220
Ft. Lauderdale, FL 33316
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/18/1999 Document number: P99000101150
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)
Corporate Creations Network Inc.
Corporate Creations Network Inc. 11380 Prosperity Farms Rd., #221E Palm Beach Gardens, FL 33410
Palm Beach Gardens, FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Paracorp Incorporated
155 Office Plaza Drive, 1st Floor 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.
Mike Christian, 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.
08/07/2017
Signature of Registered Agent Date
If signing on behalf of an entity:
Milton Vong, Assistant Secretary for Paracorp Incorporated Typed or Printed Name
* * * FILING FEE: \$35.00 * * *