Division tions Florida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000022492 3)))



H160000224923ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TON

	10;					
	Div	ision of Corpora	tions			
	Fax	Number : (8	150)617-6380		TAS 16	
	G				(TT (T)	C.75
	From:	ount Name : C	T CORPORATION S	V O TIDA	LAH	-14. 64 17.
		ount Number : FC		SI SI EM	NE 23	81.14 Jun 544
	Phor		150)205-8842		- 533 -	5
	Fax		150) 878-5368			
					AM ID:	
		a. for this bus	· · · · · · · · · · · · · · · · · · ·	N		August a
		ss for this bus lings. Enter onl				1
amp	ai report mar.	rings. Enter on	y one email add	ress bie		
Enai	1 Address:				-	
6 h : 1 10						
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	DE			1		
	KE	GISTERED AG	ENT CHANGE			
	AT	LAS CONCORI	DE U.S.A., INC.	•		
16 JAN 27						
	Certific	ate of Status	0	I		
	Certifie	d Copy	0			
2 322	Page C	 ount	03			
100						
	Estimat	ed Charge	\$35.00	<u>}</u>		
		•				
						•
					JAN 2.8 70	110
r					JAN 28 20 A RAMSI	/ IU ,
					A RAMSI	FY
						- 1

Electronic Filing Menu

Corporate Filing Menu

Help

1/27/2016 1:39:37 PM From: To: 8506176380(2/3)

COVER LETTER

TO: Amendment Section Division of Corporations

ATLAS CONCORDE U.S.A., INC. SUBJECT:

Name of Corporation

F15000005400

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:

David Wiegandt

Name of Contact Person

ATLAS CONCORDE U.S.A., INC.

Firm/Company

117 Seabond Lane

Address

Franklin, TN 37067

City/State and Zip Code

d.wiegandt@atlasconcorde.com

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

For further information concerning this matter, please call:

David Wiegandt	615	661-7213
-	at ()
Name of Contact Person	Area Code d	2 Daytime Telephone Number

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

<u>Mailing Address:</u> 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

CR2E045 (03/12)

1/27/2016 1:39:37 PM From: To: 8506176380(3/3)

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 <u>Tennessee</u>, in order to change its registered office or registered agent, or both, in the State of Florida.

I. The name of the corporation: ATLAS CONCORDE U.S.A., INC.

2. The principal office address: 117 Seaboard Lane, Suite F170, Franklin, TN 37067

3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: 12/07/2015 Document number: F15	000005400		
	street address of the current registered agent and registered office on fittment of State: (If resigned, enter resigned)	le with the $\overline{\Delta} \mathcal{Q}$	16	
	LUCA ZAGATTI			. W
6. The name and (if changed):	2830 SW 42 STREET, HOLLY WOOD, FL 33312	NETARY NHASSE	JAN 27	arenticiani Arenticiani Arenticiani Ar
	street address of the new registered agent (if changed) and /or registere		AH 10: 50	Homes
	C T Corporation System	Ă	_	
	c/o C T Corporation System, 1200 South Pine Island Road			
	P.O. Box NOT acceptable			
	Plantation, Florida 33324			

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 of an other or director

Yuri Beghi Director

Printed or typed name and title

Date

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.

C T Corpetation System 01/14/216 By: Stanature of Rugistared Age

If signing on behalf of an entity:

Jordan Brown

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 CR2E045 (03/12)

FL006 - 05/20/2013 Wolton Kluwer Online