3/23/2018 0973419		Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o		Received and Filed	
	ergan Grimes	Statement of Change o	Fee receipt:	12:48:41 AM \$10.00	
Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490		Registered Office, Registered RA Agent, or Both		RAC	

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

## Atlantic Product Management, LLC

which is organized in the state of Kentucky, and for that purpose submits the following statements:

http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
Tyler Eleazar Cruz	TYLER ELEAZAR CRUZ
3. Address of current registered office	4. Registered office is hereby changed to:
741 E Madison St Apt A Louisville, KY 40202	2729 Montana Ave Louisville, KY 40208

5. Signature of officer or chairman of the board	6. Consent of new agent
Tyler Eleazar Cruz, Authorized Rep Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
Type or print name and title	Signature and Title
3/23/2018 12:48 AM	Type or print name and title