

L1700025321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

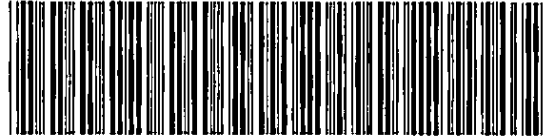
(Business Entity Name)

(Document Number)

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17 DEC 26 PM 2:02  
STATE  
TALLAHASSEE FL 32309

S. WARREN

DEC 27 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABILITRADE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK BALZLI  
Name of Person

ABILITRADE LLC  
Firm/Company

2383 N BAY RD  
Address

MIAMI BEACH, FL 33140  
City/State and Zip Code

ABILITRADE@OUTLOOK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OFIR DASSA at ( 646 ) 388-2944  
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: ABILITRADE LLC

2. (a) 2383 N BAY RD Principal office address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**)  
MIAMI BEACH, FL 33140

(b) 2383 N BAY RD Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**)  
MIAMI BEACH, FL 33140

3. 02/01/2017 Date of filing/registration in Florida


4. L17000025321 Document number

5. (a) MARK BALZLI Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1688 MERIDIAN AVE SUITE 700  
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
MIAMI BEACH, FL 33139

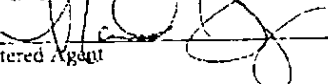
(b) MARK BALZLI Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
2383 N BAY RD  
**NEW Registered Office Address**:  
MIAMI BEACH, FL 33140

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 17 DEC 26 PM 2:03  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 OFIR DASSA  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 Signature of Registered Agent