Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE **A2B NEXUS LLC**

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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 lir	nited liability company: A2	B Nexus Ll	_C					
2. (a)		(b)					
Princi	pal office address of limited liability c (Note: MUST BE STREET ADDRE	ompany:		Mailing address of lin (Note: MAY BE P	-			
					7901 4th St N STE 300			
St. Pete	ersburg FL 33702		St. Peter	rsburg FL 3370	urg FL 33702			
01/06/22	2		L2200	0014269				
3. Da	te of filing/registration in Flori	da 4.		Document numb	рет			
5. (a) CORPO	RATE CREATIONS N	IETWORK IN	С.					
.,. (4)	ent and Registered Office shown on the			- 1;				
801 US	HIGHWAY 1							
Registered Of	tfice Address (MUST BE FLORIL	A STREET ADDRESS	5)	-				
	PALM BEACH	, FL 33408	3			7077 M AP 4		
(0)	ered Agents Inc.	transaction to the second				S FILE		
Enter name of	NEW Registered Agent and/or NEV	N Registered Office ad	aress:		31)			
7901	4th St N					_ c		
NEW Registo	ered Office Address:			-		2		
STE 30	0			_				
St. Pe	etersburg	FL_33702	2	-				
the change or chan agent will be identi was/were authorize	ity company is not organized uges are made, the Florida street ical. Or, in the case of a Florided by an affirmative vote of the nization or the operating agree	t address of the regi a limited liability or members of the lin ment of the limited	stered office ompany, it is nited liabilit	e and the busines s hereby confirm y company or as	is office of the	ie registered hange(5)		
Signature of a memb	er or authorized representative of a m			Printed or typed na	ime of signee			
provisións of all st the obligations of r		d complete perform as provided for in	nance of my Chapter 605 confirm that	duties, and Lam ; S. F.S. Or. if this	jamutar witt document is	i ana accepi being filed		
Signature of Registere			.tai y					

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