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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.\*\* بن

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## LLC REGISTERED AGENT CHANGE ABN SOLUTIONS, LLC

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T. LEMIEUX JUL 1 1 2022

## 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.

r tortaa. 	ne of the limited liability company: ABN Solt	ution	s. LLC		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t	)	Mailing address of limited liabilit	
			7901 4t	th St N STE 300	
		_	St. Peter	sburg FL 33702	
(	09/22/20		L2200	0301793	
3.	Date of filing/registration in Florida	4,		Document number	
	MATTHEW A NEMIROW				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- !!	
,	65 REDBUD LN APT 409		•		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES:	5)		
	ROSEMARY BEACH	3246	1	•	
107	Registered Agents Inc.				2029 IIII - 6
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :	10 10 10 10 10 10 10 10 10 10 10 10 10 1	=======================================
	7901 4th St N				
	NEW Registered Office Address:			ion STA Ciffee	
	STE 300			R. R.	5
	St. Petersburg , FI	3370	2	—————————————————————————————————————	· •
signat  I herel provision the oblit to mere	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the use of a member of authorized representative of a member ov accept the appointment as registered agent and agons of all statutes relative to the proper and complete ingations of my position as registered agent as provided to reflect a change in the registered office address, I lin writing of this change.	t the regiability cof the linited Ri	ompany, it inited liability liability con	s hereby confirmed that the y company or as otherwise apany.  Printed or typed name of signs aparts. I further gares to Co.	e change(s) provided in

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- Assistant Secretary

Bill Havre

Signature of Registered Agent