L22000312134

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S. CHATHAM AUG 1 2 2025

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/11/25 Order #: 4287884-2

Re: ABL TECHNOLOGIES, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

el al min

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. N:	ame of the limited liability company: ABL TECHNOL	OGIES, I	LLC	
2. (a)	2101 PARK CENTER DRIVE STE 220	(t	2101 PA	RK CENTER DRIVE STE 220
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32835		ORLAND	OO, FL 32835
	07/13/2022		L2200031	2134
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MCCAULEY, WILLIAM H, JR.			
J. (11)	Registered Agent and Registered Office shown on the records of 2101 PARK CENTER DRIVE	`the Florida	i Dept, of Sta	te:
	Registered Office Address	ADDRESS	5)	2025 AUG 1 1
	ORLANDO , FI	32835		ZS AUG I I PH 6: I
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company		PH 6: 48	
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee FI	32301		_
change agent was/w the art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the /S/Bill McCauley	e registere ability co of the lim limited I Bill	ed office ar ompany, it i nited liabili iability cor McCauley,	d the business office of the registered shereby confirmed that the change(s) by company or as otherwise provided in an apany. Authorized Person Printed or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act perform ed for in C hereby co	in this cap ance of my Thapter 60, onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	race E. Kirby rre of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00