### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CHRISTINE BIRD MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title MGRM Title MGRM POZZUTO, ANDREW T Name Name **BIRD, CHRISTINE N** 108 N MAGNOLIA AVENUE, SUITE 600 Address 108 N MAGNOLIA AVENUE, SUITE 600 Address City-State-Zip: OCALA FL 34475 City-State-Zip: OCALA FL 34475 Title MGRM Name ALAVI, TANIA Z Address 108 N MAGNOLIA AVENUE, SUITE 600 City-State-Zip: OCALA FL 34475

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# Name and Address of Current Registered Agent:

**BIRD, CHRISTINE N** 108 N MAGNOLIA AVE SUITE 600 OCALA, FL 34475 US

# Entity Name: ABP PROPERTIES, LLC **Current Principal Place of Business:**

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

108 N MAGNOLIA AVE SUITE 600 OCALA, FL 34475

# **Current Mailing Address:**

DOCUMENT# L07000036408

**108 N MAGNOLIA AVE** SUITE 600 OCALA, FL 34475 US

## FEI Number: 20-8782848

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

04/21/2015

Apr 21, 2015 Secretary of State CC4104293328

FILED

Certificate of Status Desired: No

Date