	ling Address:			
P.O BOX 28 JACKSONV	32 ILLE, FL 32203 US			
0,101100111				
FEI Number: 33-1193066			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
7688 LOOK OL	/I, ALMAZ M_ONWR/MG IT POINT DR E, FL_32210_US			
The above name	d entity submits this statement for the purpose of changing its req	istered office or regis	tered agent or both in the State of El	,
		istered onice of regis	tered agent, or both, in the State of T	orida.
SIGNATUR	E: ALMAZ HABTEMARIAM	istered onice of regis	lered agent, or both, in the state of th	00/10/2016
SIGNATUR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	stered once of regis		
	E: ALMAZ HABTEMARIAM			10/10/2016
	E: ALMAZ HABTEMARIAM Electronic Signature of Registered Agent	Title	MGRM	10/10/2016
Authorized	ALMAZ HABTEMARIAM Electronic Signature of Registered Agent Person(s) Detail :			10/10/2016
Authorized	E: ALMAZ HABTEMARIAM Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	MGRM	10/10/2016

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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALMAZ HABTEMARIAM

MGRM

10/10/2016

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L0800000177

Entity Name: ABF FOOD STORE, LLC

Current Principal Place of Business:

2275 W 45TH ST. JACKSONVILLE, FL 32209

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Electronic Signature of Signing Authorized Person(s) Detail

FILED Oct 10, 2016 **Secretary of State** CR8433405567

Date