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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

mail Address:

## REGISTERED AGENT CHANGE ABBOTT SERVICES, INC.

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Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607,0502, 61 unge is submitted for a corporation (				his
	er to change its registered office or i	·	•		
1. The name of	the corporation: Abbott Services, Inc				
2. The principal	office address: 7901 4th St N STE 30	00 St. Petersburg	3 FL 33702		
3. The mailing a	address (if different): 7901 4th St N s	STE 300 St. Pete	ersburg FL 33702		
4. Date of incor	poration/qualification: 12/05/05	Doc	nument number: Fot	5000007040	<del></del>
	I street address of the current registortment of State: (If resigned, enter re		registered office on t	file with the	
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and (if changed):	l street address of the new registered	l agent (if chan	ged) and/or register	red office	
	Northwest Registered Agent LLC				
	7901 4th St N STE 300				2024
	St. Petersburg FL 33702	O, Box NOT accept	able	<u> </u>	2024 HOY -
The street address changed will	ess of its registered office and the s be identical.	treet address o	f the business office	e of its registere	
	ns authorized by resolution duly ad ne board, or the corporation has bed WHMCLN //BBN, 1, 1		_	by an officer so e.	44:6
Signatio	re of an officer of director		EL D ABBOTT - P	c and lide	
) further agree ( )f my duties, an locument is bei	the appointment as registered ages to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	statutes relati obligation of in the register	ye to the proper an my position as regi	d complete perj istered avent. (	formance Or, if this (that the
77-N-		11/01/20	)24		
Sign	nature of Registered Agent		Date		
f signing on be	half of an entity:				
Taylor Newman					
T <sub>2</sub>	yped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*