## F090000003534

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C.COULLIETTE

NOV 16 2009

**EXAMINER** 

## COVER LETTER ,

Division of	Corporations	
SUBJECT:	ABONT REAL ESTATI	TE, INC.
	Name of Co	poration
DOCUMENT NU	MBER: <u>F09000</u> C	03534
The enclosed States	ment of Change of Registered Office	Agent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter	to the following:
	DEBORAH Name of Cor	TABONT ntact Person
	TABONT Firm/Co	REAL ESTATE, INC.
	733 7	TE STREET WEST
	PALMG City/State an	2TO, FL 34221 d Zip Code
	deboran@iabonire	alestate-com
	E-mail address: (to be used for fi	uture annual report notification)
Deborai	ntion concerning this matter, please of	all: at (941 ) 981. 5335  Area Code & Daytime Telephone Number
Nar	ne of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

1. The name of the	corporation:	IABON	I RE	AL EST	ATE, I	NC.			
2. The principal of		133	74	Street	t Wes	t, Palv	netto	FL	34
3. The mailing add	lress (if different	:):							
2 <sup>4</sup> . Date of incorpo	ration/qualificati	on: * 4/	3/09	Docun	nent numbe	r: <u>F09</u>	0000	03	<u> 253</u>
5. The name and s Florida Departn	treet address of the nent of State: (If				istered offic	ce on file wi	th the		
		Randu	G. I	aboni					
_		•		Street	wes	<del> </del>	_		
_		Palm	etto,	FL 3	1221				
6. The name and s (if changed):	treet address of t	he new reg	istered age	ent (if change	d) and /or re	egistered of	fice And	NON 659	142
_		Debor	ah I	Taboni	l			2	ultraji i
		733	744	Stree	t We	st		PH	
_		palr	P.O. Box No Wetto	OT acceptable	342	21		12: 18	ng gyman Light
The street address as changed will b	s of its registered e identical.	d office and	d the stree	t address of t	he busines	s office of i	ts registe	red ag	ent,
Such change was authorized by the	authorized by reboard, or the co	esolution d orporation l	uly adopte nas been n	ed by its boar otified in wr	rd of direct iting of the	ors or by an change.	officer s	60	
Ger	of an officer or director	eku	<u>:</u>	Dela	Printed or ty	aboni ped name and	fres		<u>2</u> 71
I hereby accept the I further agree to of my duties, and document is being corporation has be	comply with the I am familiar w z filed merely to	e provision. ith and acc reflect a c	s of all sta ept the ob hange in t	tutes relative ligation of m he registerea	e to the pro	ner and co	mplete pe ed agent by confir	rform Or if m thai	ance this the
Alkon	ture of Registered Ag	2			149	109 Date			_
Z/ Signa						•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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