

# F22000005541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

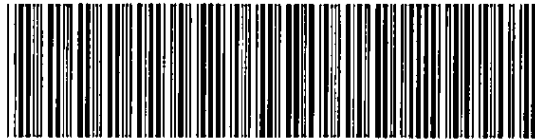
(Document Number)

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2023 OCT 24 AM 9:30

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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OCT 24 PM 2:32

CLERK OF THE OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/24/2023

**PRIORITY** Expedite

**OUR REF # (Order ID#)** 1189268

**ORDER ENTITY**

AMERICAN BUSINESS IMMIGRATION COALLITION ACTION, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

AMERICAN BUSINESS IMMIGRATION COALLITION ACTION, INC. ( FL )

File the attached change of agent document

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN BUSINESS IMMIGRATION COALITION ACTION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F22000005541

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Lauren Flores**

Name of Contact Person

**Harbor Compliance**

Firm/Company

**1830 Colonial Village Ln**

Address

**Lancaster, PA 17601**

City/State and Zip Code

**corporate@labyrinthinc.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Lauren Flores**

Name of Contact Person

at ( **717** ) **844-9826**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN BUSINESS IMMIGRATION COALITION ACTION, INC.  
2. The principal office address: 1805 S Ashland Ave Chicago, IL 60608

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 08/29/2022 Document number: F22000005541  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NORTHWEST REGISTERED AGENT LLC

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

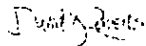
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Dana Micciche, Attorney-In-Fact

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

10/23/23

Date

If signing on behalf of an entity:

David Roberts

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
2023 OCT 24 AM 9:30  
TALLAHASSEE  
FLORIDA  
DIVISION OF STATE