Division of Corporations

Florida Department of State

Division of Corporations Electionic Filing Cover Sheet

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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.

Fmail	Address:			
	AUMTESS.			

REGISTERED AGENT CHANGE A+ BUSINESS BROKERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

12/20/2024 10·33:5f PST To: 18506176390 Page: 2/2 Fax: 8134365206

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

statement of cha	nge is submitted for a corporation	17,0302, 607,1508, or 617,1508, Florida S. vorganized under the laws of the State of $\frac{F}{}$	lorida				
	•	registered agent, or both, in the State of Fl	lorida.				
1. The name of	he corporation: A+ BUSINESS B	ROKERS, INC.					
2. The principal	office address: 7901 4TH ST N S	TE 300 ST. PETERSBURG, FL 33702					
 The mailing a 	ddress (if different): 7901 4TH S	TN STE 300 ST. PETERSBURG, FL 337	02				
4. Date of incor	oration/qualification: 01/28/1988	Document number: K13337	·				
	I street address of the current regis timent of State: (If resigned, enter	tered agent and registered office on file wit resigned)	h the				
	WOODWARD, ALLEN C.		三吕				
	1200 Riverplace Blvd Suite 105	#1211	PILED 24 DEC 19 PM				
	Jacksonville, FL 32207						
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office						
	REGISTERED AGENTS INC						
	7901 4TH ST N STE 300						
	P.O. Box NOT acceptable						
	ST. PETERSBURG, FL 33702						
		street address of the business office of its					
		dopted by its board of directors or by an econotified in writing of the change.					
Rubi	and forenext as	Robin Jones, filing incorporator					
Signati	re of an officer or director	Printed or typed name and fill					
l further ayree of my duties, an document is bei	o comply with the provisions of a d I am familiar with and accept t	ent and agree to act in this capacity, all statutes relative to the proper and comp he obligation of my position as registered in the registered office address. I hereby hange.	agent. Or, y this -				
1)avid	Kaberts	12/20/2024					
Sig	huture of Registered Agent	Date					
If signing on be	half of an entity:						
David Roberts							
Γ	sped or Printed Name	•					

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