Division of Corporations



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

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

Email Address: LLC REGISTERED AGENT CHANGE ABBOTT & ANDREWS REALTY, LLC  $oldsymbol{arphi}$ Certificate of Status Certified Copy 02 Page Count \$55.00> Estimated Charge

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

I. Na	ame of the limited liability company: ABBOTT & AND	REWS	REAL	14, 1.1.0	-		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	b)				d liability company:
	850 NW 13th Ave.		850	NW 130	h Ave.		
	Portland, OR 97209	_	Por	tand. OF	97209		
	12/20/2002		L020	0003432	0		
3.	Date of filing/registration in Florida	4.		1	Document m	umber	
5. (a)	CORPORATE CREATIONS NETWORK, INC.						
(a)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept.	of State:			
	Registered Office Address	DDRES	<u>SS)</u>	<del></del>			
	11380 PROSPERITY FARMS ROAD #221E						
	PALM BEACH GARDENS, FL_	33410					
(b)	C T Corporation System				22	. 201	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		CRETARY OF STATE LAHASSEEL FLORID	2019 DEC 10	<u> </u>
	NEW Registered Office Address:					 }.	
	1200 South Pine Island Road						
	Plantation, FL_	33324			동	30	
the cha agent was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of frequentiation or the operating agreement of the	the reg bility of f the li	gistered compar mited	d office in ny, it is liability	and the bus hereby conf company of	iness of irmed t	ffice of the registered hat the change(s)
	1/2 -	Jei	mifer K	Curz, Mai	nager		
-	number of authorized representative of a member				Printed or type		•
provis the ob to mer	Hyaccept the appointment as registered agent and agrillins of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I have a provided in the registered office address. I have a provided in the registered office address. I have a provided in the registered of the t	ee to a perfor d for it tereby	ct in tl mance i Chap confiri	ils capa of my d ter 605, n that th	city. I furth uties, and I F.S. Or, if he limited li	er agre am fam this doc ability c	e to comply with the iliar with and accep cument is being filed company has been
noupe Bv: Z	Alfred Younan						
	ire of Registered Agent ASSISTANT Secretary						