10400052883

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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10/03/16--01015--001 **25.00

FILED

16 OCT 26 PH 1: 36

SECRETARY OF STATE
FALL AHASSEE FLORIDA

D. SCOTT OCT 2 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2016

BARRY ANSBACHER 8818 GOODBYS EXECUTIVE DR JACKSONVILLE, FL 32218

SUBJECT: ABACUS CONTRACTING, LLC

Ref. Number: L04000052883

RECEIVE

We have received your document for ABACUS CONTRACTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00021311



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Abacus Contracting, LLC					
Nar	ne of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning th	nis matter to the	following:			
Barry Ansbacher					
Name of Person		_			
Ansbacher Law, P.A.					
Firm/Company		_			
8818 Goodbys Executive Drive					
Address		_			
Jacksonville, FL 32218	•				
City/State and Zip Code		- ,			
tad@ansbacher.net			三名 古		
E-mail address: (to be used for future and	nual report notif	ication)	52 8 T		
For further information concerning this matter	, please call:		DCT 26 P		
Trish Daniels	904 at (737-4600 x 123	E. FL		
Name of Person		Area Code & Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18 (2/14)					

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 Florida.

1.	Na	me of the limited liability company: Abacus Conti	racting,	LLC			
					Mailing address of limited liability company:		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1008 Loring Aveune, # 29		1008 Lo	ring Avenue, #29		
		Orange Park, FL 32073		Orange	Park, FL 32073		
		07/16/2004		L0400005	52883		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)						
٠.	(4)	Registered Agent and Registered Office shown on the records of		a Dept. of State	::		
		Jorge G. Carrion					
		Registered Office Address (MUST BE FLORIDA STREET)	4 <i>DDRES</i>	2)	•		
		2455 Foxwood Road South					
		Orange Park , FL	32073				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			75 5		
					CORETARY OF STATE CHARLESSEE, FLORIDA		
	Ansbacher Law, P.A.				起るに		
	NEW Registered Office Address:						
		8818 Goodbys Executive Drive			TS TO		
		Jacksonville , FL	32218		0A		
the ag wa the	e cha ent vas/we e arti Signa here e obis mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and agricons 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 did in writing of this change.	the reginability confirmation of the limited	stered office ompany, it is nited liability liability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signee The control of the registered of the registered in the registered		
	2						

Signature of Registered Agent