L04000077943

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



600191978336

NOT BEFEROED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR

FEB - 1 2011

EXAMINER

OIVISION OF CORPORATIONS

11 FEB - 1 PH 2: 38



ON SERVICE COMPANY	
ACCOUNT NO. : 12000000195	
REFERENCE : 658447 4813078	
AUTHORIZATION :	A PAS
COST LIMIT : \$ \$ 5.90	A FE
ORDER DATE : January 28, 2011	OF CORPOR
ORDER TIME : 9:51 AM	23
ORDER NO. : 658447-285	38
CUSTOMER NO: 4813078	
CHANGE OF AGENT	
NAME: ABD, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Matthew Young EXT# 2962	
EXAMINER:	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: ABD, LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	Lake Buena Vista, FL 32830
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	FEB -
10/26/2004 3. Date of filing/registration in Florida	L04000077943 23 4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Jeffrey H. Smith
Registered Office Address:	1375 Buena Vista Drive 4th Floor North Lake Buena Vista, FL 32830
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Jeffrey S. Craigmile
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1375 Buena Vista Drive 4th Floor North Lake Buena Vista,FL 32830
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
Marsha L. Reed (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, i change in the registered office address, I hereby ed in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Jeffrey & Craigmile