

LD4000077943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0 SIMMONS

APR 20 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 6084687 4813078

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : April 20, 2017

ORDER TIME : 10:30 PM

ORDER NO. : 608468-310

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: Melissa Zender -- EXT#

EXAMINER: _____

**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. Name of the limited liability company: ABD, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1375 East Buena Vista Drive, 4th Floor North

500 South Buena Vista Street

Lake Buena Vista, FL 32830

Burbank, CA 91521

10/26/2004

L04000077943

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Jeffrey S. Craigmile

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1375 East Buena Vista Drive, 4th Floor North

Lake Buena Vista, FL 32830

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

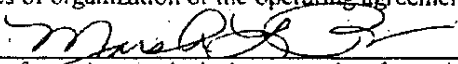
Margaret C. Giacalone

NEW Registered Office Address:

1375 East Buena Vista Drive, 4th Floor North

Lake Buena Vista, FL 32830

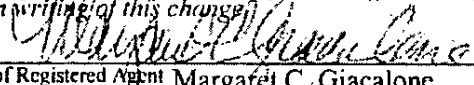
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Marsha L. Reed, Secretary

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent Margaret C. Giacalone

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