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(Requestor's Name)							
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Change of Registered Agent		
		Name of Limited Lia	bility Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered	Office Change and for	ee(s) are submitted for filling.
Please 1	return all correspondence concernin	g this matter to the fo	ollowing:
Linda V	Voodworth		
	Name of Person	- ·- ···	_
Abilene	: GPLLC		
	Firm/Company		_
703 Bei	rkshire Rd		
	Address	· · · · · · · · · · · · · · · · · · ·	_
Ann Ar	bor MI 48104		
	City/State and Zip Coo	de	_
lindatw	oodworth@gmail.com		
E	-mail address: (to be used for future	annual report notific	ation)
For furt	ther information concerning this ma	tter, please call:	
Linda V	Voodworth	734-904-1637	1
	Name of Person	at (Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

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.

i.	Na	me of the limited liability company: Abilene GP LLC							
2 (4)		(H	1)					
2. (ddress of limited liability company: MAY BE POST OFFICE BOX)			
		7901 4th St N Ste 300		703 Berk	shire Rd				
		St. Petersburg FL 33702	- -	Ann Arbo	or MI 48104				
		12/13/2004		L04000089	9801				
3.		Date of filing/registration in Florida	4.		Document number				
5. (a)	Incorp Services LLC							
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	te:				
							29		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u> </u>		AL:	2024 HAY 2		
		3458 Lakeshore Drive				AHA	-	T	
		Tallahassee , FL	32312		_	. SS	Y 21	<u> </u>	
(1	o) .	Registered Agents Inc				m. Ti	A		
,		Enter name of NEW Registered Agent and/or NEW Registered C	office ad	dress:	_	E.FLORIDA	41 :8		
		NEW Registered Office Address:			_				
		7901 4th St N Ste 300	·		_				
		St. Petersburg	33702						
chan agen was/	ge t w we intic	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere ility co the lim mited l	ed office ar mpany, it i ited liabili	nd the business office is hereby confirmed to the company or as other inpany.	of the re	gistered hange(s	l)	
Sig		ure of a member or authorized representative of a member			Printed or typed name of	of signee			
the o	ışıcı bli, ere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I held to the change.	e to act erforma for in C reby co	in this cap ance of my hapter 60. onfirm that	acity. I further agree duties, and I am fam, 5, F.S. Or, if this doc the limited liability c	e to com iliar with nument is company	ply with and ac being f has bee	the cept iled n	
	_	David X-elberts							