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COVER LETTER

| Division of Corporations | | |
|--|---|--|
| SUBJECT: ABCMGR, LLC | | |
| (Name of Limited | d Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this m | natter to the following: | |
| Rodger L. Spink, Esq. (Name of Person) | 2006 JUL 25 SECRETAR' TALLAHASS | |
| Spink and Ouellette | | |
| 5655 South University | H Drive | |
| Davie Florida 33 | 328 | |
| For further information concerning this matter, ple | ase call: | |
| Karen Botton for Rodger Spinkar (Name of Person) | 954) 689-0061 (Area Code & Daytime Telephone 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 amo | ount: | |
| ☑ \$25 Filing Fee | S55 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 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.

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|---|
| 1. The name of the limited liability company is: ABCMGR LLC |
| 2. The mailing address of the limited liability company is: 1381 NW 130 Ave |
| Pembroke Pines, Florida 33028 |
| 11 18 2005 3. Date of Illing/registration in Florida LO 5000111977 4. Document number |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |
| MANCAO CETAR O II |
| 15956 SW 16 St. Address Pembroke Pros FL 3302 FG 88 City, State and Zip 6. The name and address of the new registered agent and/or office: Marilyn Blas Name 1381 NW 130 Ave. |
| Florida street address (P.O. Box NOT acceptable) 77 8 City. State and Zip |
| 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. |
| Sensitive of a member or authorized representative of a member) |
| 2 GENCY PANAUGAN-KE (Printed on typed hance 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 608. 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. |

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

Manuer Blas (Signature of Registered Agent)