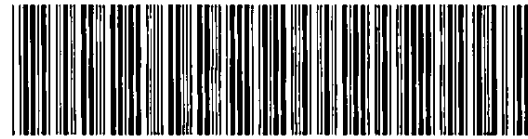


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. WARREN
JUL 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGUSTIN J ABALO, LLC

Name of Limited 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 matter to the following:

AGUSTIN J ABALO

Name of Person

AGUSTIN J ABALO, LLC

Firm/Company

304 BRYANT COVE RD

Address

BLAIRSVILLE, GA 30512

City/State and Zip Code

agustin.abalo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AGUSTIN J ABALO

305

606 1627

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2664 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

RECEIVED
2017 JUN 19 AM 10:57
TALLAHASSEE, FLORIDA

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: AGUSTIN J ABALO, LLC

2. (a) 5800 SW 127 AVE (b) 304 BRYANT COVE RD
 Principal office address of limited liability company. Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
SUITE 2417 BLAIRSVILLE, GA 30512
MIAMI FLORIDA 33183

3. JANUARY 10, 2017 4. L09000053756
 Date of filing/registration in Florida Document number

5. (a) AGUSTIN A. ABALO
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1559 TREVINO

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
CORAL GABLES, FL 33134

(b) JACQUELINE M. LAGE, ESQ.
 Enter name of NEW Registered Agent and or NEW Registered Office address:

SIBILA LAGE
NEW Registered Office Address:
7765 SW 87 AVE., SUITE 208
MIAMI, FL 33173

FILED
 17 JUL -3 PM 2:05
 TALLAHASSEE, FLORIDA

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] AGUSTIN J ABALO, MGRM
 Signature of a member or authorized representative of a member 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]
 Signature of Registered Agent