

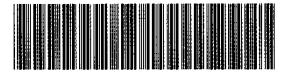
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G. MCLEOD

JUL 26 2010

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT: ABLA BOND MANAGEMENT, LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered A	gent/Registered Of	Office Change and fee(s) are submitted for filing.
Please return all correspon	dence concerning th	this matter to the following:
MICH	AEL LAPAT	
Nam	e of Person	
	OF MICHAEL LA	APAT
3300 N. UNIVERS	SITY DRIVE, SUIT	TE 311
	PRINGS FL 33065 e and Zip Code	5
julieh@turnk E-mail address: (to be used f	eyhedgefunds.com or future annual report not	om otification)
For further information co	ncerning this matter	er, please call:
JULIE HANG		_ at (954)345-6442 Area Code & Daytime Telephone Number
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	tions ter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a chec	k for the following	g 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 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:ABLA	BOND MANAGEMENT, LLC		
2. (a) Principal office address of limited liability company	1001 BRICKELL BAY DRIVE		
(Note: MUST BE STREET ADDRESS)	SUITE 1812 MIAMI FL 33131		
(b) Mailing address of limited liability company:	1001 BRICKELL BAY DRIVE		
(Note: MAY BE POST OFFICE BOX)	SUITE 1812 MIAMI FL 33131		
03-10-10	L0000026988		
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:			
Registered Agent:	JOSE RIVAS		
Registered Office Address:	990 BISCAYNE BLVD 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	PAZ SANCHEZ		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1001 BRICKELL BAY DRIVE SUITE 1812		
	MIAMI ,FL 33131		
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			
PAZ SANCHEZ, Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of Registered Agent FAZ SANCHEZ	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		

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