

L10 000026988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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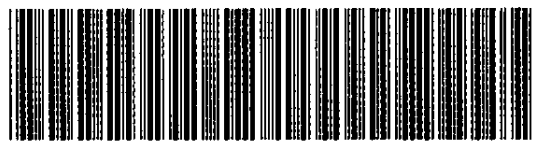
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10 JUL 22 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
3. Date of filing/registration in Florida

L0000026988
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
SUITE 503
MIAMI FL 33132

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

NEW Registered Agent: PAZ SANCHEZ

NEW Registered Office Address: 1001 BRICKELL BAY DRIVE
(MUST BE FLORIDA STREET ADDRESS) SUITE 1812
MIAMI, FL 33131

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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 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.



Signature of Registered Agent PAZ SANCHEZ

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