Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE ABC CERTS, LLC

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APR 30 2024

K. Brumbley

4/29/2024 07:56:20_PDT . To: 18506176383 Page: 2/2 Fax: 8134365206

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. N	ame of the limited liability company: ABC CERTS, L	LC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/02/2013	L130	00079654
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CASSEUS, DANIELLE		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 101 NW 99 STREET		
	MIAMI SHORES , FI	33150	
(1-)	NORTHWEST REGISTERED AGENT LLC		20
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4TH ST N		2024 A.F.R. (
	· · · · · · · · · · · · · · · · · · ·		29
	NEW Registered Office Address:		글:
	STE 300		
	ST. PETERSBURG	33702	<u>-</u>
	F1		
chang agent was/w the ar	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	e registered offi ability compan of the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
10	ature of a member or authorized representative of a member	Nat Smith	
Sign	ature of a member of authorized representative of a member		Printed or typed name of signee
provis the of to me	eby accept the appointment as registered agent and agsions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act in this performance of the performance o	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
Sign	Taylor Newman ure/of Registered Agent		