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COVER LETTER

Division of Corporations			
SUBJECT: ABELUCI ILC			
Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to th	c following:		
Fernando Franco Name of Person			
Franco Law Firm Firm/Company			
ZES ALHAMBRA CIKCLE ZN Address	<u>10</u> Floor		
CCRAL GABIFS FL 33134 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Fernado Franco at (78) Name of Person	6) 7240900 Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
Tallallassee, T.E. 52517	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	\$55 Filing Fee & Certified Conv		

INHS18 (2/14)

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: ABELUCI, LLC	•
		CARICE KI 33131
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	$\frac{12/03/20/3}{\text{Date of filing/registration in Florida}}$	000167165
	SPC MANAGEMENT SERVICES INC Registered Agent and Registered Office shown on the records of the Florida Dept. of St	<u>-</u>
	1900 5 W 3RD AVENUE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	SUITE4	
	MIAMI	2020 HAR
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	12
	Z68 ALHAMBRA CIRCLE NEW Registered Office Address:	AH 11: 149
	SECOND FLOOR	_
	CORAL GABLES FL 33134	_
change agent was/w the art	limited liability company is not organized under the laws of the State of F e or changes are made, the Florida street address of the registered office a will be identical. Or, in the case of a Florida limited liability company, it were authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability company.	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
I here provis the ob to mer	why accept the appointment as registered agent and agree to act in this calions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 rely reflect a change in the registered office address. I hereby confirm that in writing of this change.	pacity I further agree to comply with the

Fornacolo Franco

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

INHS18 (2/14)