## L150000 47517

(Re	equestor's Name)						
(Address)							
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## COVER LETTER • Registration Section

_	stration Section sion of Corporations	
SUBJECT:	Schabbett, LLC	
	Name of Lin	nited Liability Company
Dear Sir or N	Madam:	
The enclosed	d Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
Aldo Tepper		
	Name of Person	<del></del>
Schabbett, LI	.C	
	Firm/Company	<del></del>
307 Cranes R	oost Blvd, Ste. 1048	
	Address	
Altamonte Sp	orings, FL 32701	
	City/State and Zip Code	
aldo@istudio	salons.com	
E-mail	address: (to be used for future annual report	rt notification)
For further in	nformation concerning this matter, please c	all:
Aldo Tepper	4( at (	754-7659
	Name of Person	Area Code & Daytime Telephone Number
Reg Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following amount	:
	25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.	Na	me of the limited liability company: Schabbett, LLC						
2.	(a)	307 Cranes Roost Blvd	307 Cranes		307 Cran	es Roost Blvd		
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		( )	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Ste. 1048			Ste. 1048			
		Altamonte Springs, FL 32701	_		Altamonte	2 Springs, FL 32701		
		03/16/2015		[.	.15000047	517		
3.		Date of filing/registration in Florida	4.		· · · - · · -	Document number		
5	(a)	Schregardus, James						
	(7	Registered Agent and Registered Office shown on the records of the 260 South Osceola Ave	he Flori	ida I	Dept. of Sta	te:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 101				2020 SEP		
		Orlando . FL	32801			SEP 28		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  307 Cranes Roost Blvd.			ress:	Y OF STATE		
		NEW Registered Office Address:				_		
		Ste. 1048						
		Altamonte Springs, FL_	32701			_		
ch ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	registe bility of the li	ered con imit	l office an ipany, it i ed liabilit	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in		
-/	4	Man All Comments	Al	ldo '	Геррег			
I. pr	herei ovisi g obl merc tified	for a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	re to a perfori for in ereby	et in man Chi con	n this cap ice of my lapter 60; firm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
		•						