## 1600128100

| (Requestor's Name)                      |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |  |
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Office Use Only



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10/24/17--01026--008 \*\*25.00

THE PRESENTATIONS

## COVER LETTER

| Division of Corporations  |                   |
|---|-------------------|
| SUBJECT: ABK CONSTITUCTION GIZOUP, (LC  | <del></del>       |
| Name of Limited Liability Company   |                   |
| Dear Sir or Madam:  |                   |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.   |                   |
| Please return all correspondence concerning this matter to the following:   |                   |
| BEN ABEKNATIT/ Name of Person   |                   |
|   |                   |
| Firm/Company  |                   |
| 4701 N FED Hay STE 340 Address  | MA OCT 24 D 12 40 |
| Pompanio Brach Fc. 33664  | 7 24 6            |
| City/State and Zip Code   | ··                |
| ben @ abknig ht. Coul  E-mail address: (to be used for future annual report notification)   | 2: 40             |
| E-mail address: (to be used for future annual report notification)  | •                 |
| For further information concerning this matter, please call:  |                   |
| BEN ABEKNATH 11 (305) 986 8767  |                   |
| Name of Person Area Code & Daytime Telephone  | Number            |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                   |
| Enclosed is a check for the following amount:   |                   |
| S25 Filing Fee  S55 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.

| l.     | Na                                     | me of the limited liability company:ABC_  | CONST                     | <u>(2011</u>        | 1017                 | 61200                         | P L                     | <u> </u>                      |
|--------|--|---|---------------------------|---------------------|----------------------|-------------------------------|-------------------------|-------------------------------|
| 2. (:  | a) _                                   | 6402 BRAVA WAY  | (b)                       | G                   | 162                  | BIZA                          | JA C                    | ~ ハイ                          |
|        |  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ ,,                      |                     | Mailing ad           | dress of limite               | ed liability            | company:                      |
|        |  | BUGA RATUN  |                           |                     | _                    | _                             |                         | <del></del>                   |
|        |  |   |                           |                     |                      | CA RA                         |                         |                               |
|        |  | FLOW IDA 33433  |                           |                     | F1 01                | RIDA                          | 334                     | 35                            |
|        |  | 07/6/2016   |                           | ,                   | 1615                 | . () . ¬ «                    | 1.663                   |                               |
| 3.     |  | Date of filing/registration in Florida  | 4.                        |                     |                      | O 1 2 8<br>ent number         |                         |                               |
| 5. (   |  | BEN ABERNATHY   |                           |                     |                      |                               |                         |                               |
| ٦. (   | aj                                     | Registered Agent and Registered Office shown on the records of th   | e Florida Dep             | t. of State         | -<br>::              |                               |                         |                               |
|        |  | 2.731 NE 48 ST.   |                           |                     |                      |                               |                         |                               |
|        |  | Registered Office Address (MUST BE FLORIDA STREET AL  | DDRESS)                   |                     | -                    |                               |                         |                               |
|        |  |   |                           |                     | _                    | 1                             |                         |                               |
|        |  | LIGHTHOUSE POINT FL   | Z 30                      | 64                  |                      | ALLAMÁSSEE, FEÚRIO            | 25H OCT 24 P 12: 40     | · 4 <b>*1</b>                 |
|        |  | , ,   |                           | · ·                 | =                    | Ş.,                           | 130                     |                               |
| (t     | )                                      | BEN ABERNAIH  |                           | _                   |                      | (88)                          | 2 Li                    | * 1-2                         |
|        |  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>  | <u>)ffice address</u>     | į:                  |                      | Ŀ.                            | .13                     | [1]                           |
|        |  | 6402 BRAJA WAY  |                           |                     |                      | []<br>[]                      | . 55                    |                               |
|        |  | NEW Registered Office Address:  |                           |                     | •                    | 21.<br>E1                     | 1;0                     |                               |
|        |  |   |                           |                     |                      |                               |                         |                               |
|        |  |   |                           |                     | •                    |                               |                         |                               |
|        |  | BUCA RATON FL   | 3543                      | 3 <u>3</u>          |                      |                               |                         |                               |
| If the | e li                                   | mited liability company is not organized under the laws   | s of the Stat             | e of Flo            | orida, it i          | s hereby co                   | nfirmed                 | that after                    |
| the c  | hai                                    | nge or changes are made, the Florida street address of tail be identical. Or, in the case of a Florida limited liab   | he registere              | d office            | and the              | business of                   | ffice of t              | he registered                 |
| was/   | we                                     | re authorized by an affirmative vote of the members of  | the limited               | liability           | compa                | ny or as oth                  | erwise p                | rovided in                    |
| ine a  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | cles of organization or the operating agreement of the li   | mited Habii               | -                   |                      | 10.0                          | A . I . /               | ,                             |
| Sig    | natì                                   | are of a member or authorized representative of a member  | <del></del>               | _                   | Dとい<br>Printed o     | ABERI<br>or typed name        | ∼/+//L/<br>of signee    |                               |
| I he   | reb                                    | y accept the appointment as registered agent and agree  | e tọ act in t             | his capa            | içity. 1 j           | further agre                  | e to com                | ply with the                  |
| the o  | bli<br>oro                             | ons of all statutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>by reflect a change in the registered office address, I he | erjormance<br>for in Chap | of my o<br>eter 605 | iuties, ai<br>F.S. O | nd I am fam<br>r, if this doc | uliar wii.<br>cument i: | h and accept<br>s being filed |
| notif  | ìed                                    | in writing of this change.  | reoy conjir               | m inai l            | ne umili             | еа нарину (                   | company                 | nas peen                      |
| Signa  | tur                                    | e of Bagistered Agent   |                           |                     |                      |                               |                         |                               |
| 5      |  |   |                           |                     |                      |                               |                         |                               |