1000129781

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Acc#I20160000072

Name:	777ABC, LLC	 		
Document #:			_	
Order #:	15818473			

Certified Copy of Arts & Amend:		
Plain Copy:		
Certificate of Good Standing:		
Certified Copy of		
Apostille/Notarial Certification:		Country of Destination:
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	(Thank you!)

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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.

I. Na	me of the limited liability company: 777ABC, LLC		
2. (a)	980 N FEDERAL HWY	(b)	CA RATON, FL 33432
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
	STE 110		
	BOCA RATON, FL 33432		
	07/08/2016	L160	00129781
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Anderson Cornelia		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	. of State:
	980 N FEDERAL HWY STE 110		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Boca Raton, FI	33432	2024
(b)	C T Corporation System		FILED 2021 AUG 14 PH 12: 40
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>l Office address</u> :	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FI	33324	
he cha igent v was/we he arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the members	f the registered iability compa- of the limited b limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	<u>.</u>	Printed or typed name of signce
provisi the obl to merc	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change. C T Corporation System	2 れるどしいわれのれぐや	- οι πιν αυτιές - απά τ απι ταπιτιάς with απά uccer

By:

Signature of Registered Agent

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