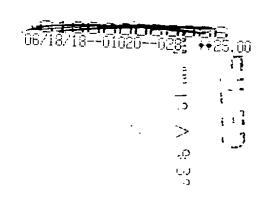
L170000 81426

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

Office Use Only



800314541458



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ABC Bounce with Me LLc					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	iclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the	following:			
Miche	ele D. Smith			ت ع ع		
	Name of Person		<u> </u>			
				≥		
	Firm/Company					
817 9	Shangri la Drive					
	Address	-				
Seffn	er, FI 33584					
	City/State and Zip Code		_			
abcbo	ouncewithme813@gmail.com					
	E-mail address: (to be used for future and	nual report notifi	cation)			
For fu	rther information concerning this matter	, please call:				
Miche	ele D. Smith	813 at (586-1305			
	Name of Person		Area Code & Daytime Teleph	one Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314			
	\$25 Filing Fee	□ \$5	5 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. N	ame of the limited liability company: ABC Bounce	with Me LLC	
2. (a)	9870 Rockhill Rd Thonotosassa FI 33592	(b) 9870 R	Rockhill Rd Thonotosassa fl 33592
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4/11/2017	L170000	
3.	Date of filing/registration in Florida Kandyce F. Smith	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of 9870 RockHill Road Registered Office Address (MUST BE FLORIDA STREET)		
	Thonotosassa, FI	33592	ر ک بی – س
(b)	Michele D. Smith		_3
(0)	Enter name of NEW Registered Agent and/or NEW Registered	_	
	817 Shangri La Drive		
	NEW Registered Office Address:		_
	Seffner, FI	33584	_
the chagent was/w the art Signarian I here provise the one of the control of the	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members igless of organization or the operating agreement of the interest of a member of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of any position as registered agent as provided by reflect of change to the registered office address, I all writing of this change.	f the registered officiability company, it of the limited liability co limited liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. Fulfy Printed or typed name of signee pacity. I further agree to comply with the addition and Lam familiar with and accomp

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