## 17 0000 99797

(Requestor's Name)	
(Address)	200305
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/27/17
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	ECT: ABANTU LLC  Name of Limited Liability Company				
SUBJECT:					
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the	e following:		
MALCOLN	/ TAIT				
	Name of Person	•	_		
ABANTU I	LLC	•			
	Firm/Company		<del></del>		
3647 WES	ST GARDENIA AVE				
	Address		<del></del>		
WESTON	, FLORIDA 33332				
	City/State and Zip Code		<del> </del>		
SERGIO.L	OTERO@GMAIL.COM				
E-mail	address: (to be used for future and	nual report noti	ification)		
For further in	nformation concerning this matter.	, please call:			
SERGIO L	OTERO	305 at (	904.1449		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	R D P.	egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enc	losed is a check for the following	g amount:			
<b>☑</b> \$	25 Filing Fee	<b>-</b> 1	\$55 Filing Fee & Certified Copy		
INHS18 (2/14	4)				

## 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

Nai	me of the limited liability company: ABANTU LLC		_			
	ABANTU LLC	(b) ABANTU LLC				
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del>-</del>	. /	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  AHOGANY RIDGE DR		
	333 LAS OLAS WAY, CU1		4381 MA			
	FORT LAUDERDALE FL 33301	_	WESTO	N FL 33331	- <u>1</u>	
	05/01/2017	L17000099797				
	Date of filing/registration in Florida	4		Document number		
(a)	MALCOLM TAIT					
(4)	Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept. of State	- <b>c</b> :	!	
	3647 WEST GARDENIA AVE WESTON FLO	PIDA	4 33332			
	Registered Office Address (MUST BE FLORIDA STREET A	-		•		
	3647 WEST GARDENIA AVE					
	WESTON	33332	2	-	e co	
(b)	SERGIO LOTERO	,			TORE!	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- - -	12	**
	4381 MAHOGANY RIDGE DR, FL 33331	- - 	7 AM	A STATE		
	NEW Registered Office Address:			7: 27 STATE LORIDA		
	4381 MAHOGANY RIDGE DRIVE			- AGE	11. 62	
	WESTON , FL	3333°	l	-		
chai nt w /we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of clessof organization or the operating agreement of the law.	the reg bility of the li- imited	istered office company, it is mited liabilit	e and the business of s hereby confirmed t y company or as othe npany.	fice of the	eregiste
gnati	ure of a member or authorized representative of a member	-		Printed or typed name of	of signee	<u> </u>
visio obli nere	ny accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	e to a perfori for in ereby	ct in this cap nance of my Chapter 605 confirm that	acity. I further agre duties, and I am fam 5, F.S. Or. if this doc the limited liability o	e to comp iliar with cument is company	oly with a and acc being fi has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE; \$25,00