

L17000163415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

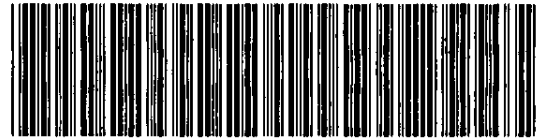
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100310035841

03/08/18--01019--005 **25.00

FILED

18 MAR -8 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

MAR 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAB EXPRESS LLC
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:

EMIRO FABREGAS

Name of Person

FAB EXPRESS LLC

Firm/Company

23090 POST GARDENS WAY # 309

Address

BOCA RATON, FL 33433

City/State and Zip Code

info@fabexpressllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMIRO FABREGAS at (786) 7753239
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: FAB EXPRESS LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8177 W. GLADES ROAD - SUITE 216

BOCA RATON, FL 33434

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

23090 POST GARDENS WAY # 309

BOCA RATON, FL 33433

07/31/2017

L17000163415

3. Date of filing/registration in Florida

4. Document number

5. (a) ALBION LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ALBION LLC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1101 ROGERS CIRCLE - STE 4

BOCA RATON, FL 33487

(b) GLOBAL TAX SERVICES, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

GLOBAL TAX SERVICES, INC.

NEW Registered Office Address:

8177 W. GLADES ROAD - SUITE 216

BOCA RATON, FL 33434

FILED
MAR -8 AM 9:44
18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Emiro Fabregas
Signature of a member or authorized representative of a member

EMIRO FABREGAS

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Emiro Fabregas
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00