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(Cit	y/State/Zip/Phone	: #)				
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June 28, 2018

WILLIAM T FULKERSON 1335 DEAN STREET MULBERRY, FL 33860 US

SUBJECT: RUSTIC ABSTRACT "LLC"

Ref. Number: L18000100616

We have received your document for RUSTIC ABSTRACT "LLC" and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 418A00013498

2018 JUL -9 PM 12: 2

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: RUSTIC ABSTRACT "LLC" Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	ed for filing.				
Please return all correspondence concerning this matter to the following:					
WILLIAMT.FULKER SOW Name of Person					
Firm/Company					
1335 DEAN STREET Address					
MULBERRY FL 33860 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
WILLIAM T FULKERSON at (863) 844 - a Name of Person Area Code & Da	913 ytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee & Cer	tified 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.	Na	ame of the limited liability company:	AB	STIPAC	CT "LLC))	
2. (179 W DAD CCCK BLVD Principal office address of limited liability company:	(b)	_13	35 DEAU Mailing address of lin	nited liabili	
		(Note: MUST BE STREET ADDRESS) MUSBERRY FL 33860		Mil	(<u>Note: MAY BE P</u> BC/2/21/ F		1560 1860
						<u></u>	
		04/23/2018	_	L18	0001006	16	
3.		Date of filing/registration in Florida 4	•		Document number	er	
5.	(a)	Registered Agent and Registered Office shown on the records of the FI	orida [Dept. of State	- e;		
					_		
		Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)		•		
		1335 DEAN ST			-		-4
		MULBERRY FL 3	384	<u>00</u>	-	١	16 Se
,	b)	WILLIAM T FILLERSON					1
,		Enter name of NEW Registered Agent and/or NEW Registered Office	e addr	<u></u>	-		∵
						~	ii.
		NEW Registered Office Address:	_		-	76 74	61،
		1335 DEAN ST				· •••	
		00 02.2 /	~	(2)			
		MULBERRY FL 3	156				
the c ager	ina it w	imited liability company is not organized under the laws of inge or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liability	egiste v con	rred office many, it is	and the business hereby confirmed	office of d that the	the registered change(s)
was	we	ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	limit	ed liability	v company or as o	therwise	provided in
Sig	244 gnati	ture of a member or authorized representative of a member	ال	LL14M	Printed or typed name	14 <i>E</i> 12 <i>SC</i> ac of signer	?N
I he prov the o to m notif	reh isid obli ere ied	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete performance of my position as registered agent as provided for ely reflect a change in the registered office address, I herehal in writing of this change. The of Registered Agent	act in orman in Ch by con	n this capa ice of my a apter 605 fron thay l	icity. I further ag luties, and I am fa , F.S. Or, if this d the limited liability	ree to co miliar w ocument v compai	mply with the ith and accept is being filed iy has been
Sign		re of Registered Agent Walter	A	n pu	Mur		