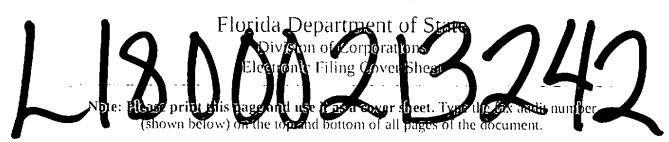
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

₹EMpil Address:\_\_\_\_\_

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## LLC REGISTERED AGENT CHANGE ALWAYS ABUNDANCE LLC

Certificate of Status	0
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M. SOLOMON을

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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.

l. Ni	ame of the limited liability company. ALWAYS ABUND	ANCE LLC	
2. (a)		(b)	
	Principal oifice address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/06/18	L180	000213242
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MYERS, THOMAS		
	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUNI BE FLORIDA STREET)	ADDRESS)	 Sea
	1323 SE 17TH ST. PMB 98367		2824
	FT. LAUDERDALE FI.	33316	
(h)	Registered Agents Inc		
11/7	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N		5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg FL.	33702	
he cha igent v was/wo he arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members exclusion or the operating agreement of the	the registere ability compa of the limited limited habi	ed office and the business office of the registered any, it is hereby confirmed that the change(s). Hisbility company or as otherwise provided in lity company.
Suma Suma	ture of a member or authorized representative of a member	Robin Jo	Printed or typed name of signee
Therei provisi the obl to mere notified	by accept the appointment as registered agent and agrous 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 if in writing of this change.	performance d för in Chap herchy confir	his canacity. I further agree to comply with the
	re of Registered Agen:	tur j	