L18000250747

(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:			





800332894168

09.722/19--01/99--61/9 (**22.50

FILTU STORTARY OF STATE

8100 to 88

COVER LETTER , ,

	Registration Section Division of Corporations	•		
SUBJEC	T: Abate Ora	ied Liability Company		
Dear Sir	or Madam:			
The encl	osed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter t	o the following:		
	Michael Walding)			
	\$			
	Firm/Company			
**	SS SW JL St WAddress	nit 2103		
	Micmi F/ 33/30 City/State and Zip Code	2		
E-mail address: (to be used for future annual report notification)				
For furth	er information concerning this matter, please ca	dl:		
_/\	Name of Person at (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		
1	Enclosed is a check for the following amount:			
ļ	\$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: A C C GCN (S LL 2. (a) Principal office address of limited liability company: St Mailing address of limited	36 9K 57
The partition address of military company.	
A STATE OF THE STA	TOPPICE BOX
unit 2103 anit 2107	TO PETE
miami Fl 33130	
11/0002531	1,17
3. Date of filing/registration in Florida 4. Document number	97
5. (a) (horstranne Ramelb	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
unit 7103	
Miami , FL 33130	a a a a a a a a a a a a a a a a a a a
A ()	
Unter some of NEW Projectored Asset and/or NEW Projectored Office address.	3
MARKET IIIV FOREIL CON AL	
NEW Registered Office Address:	ರಾ ಆರ
<u> </u>	
Mt ami FL 53131	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby co	
the change or changes are made, the Florida street address of the registered office and the business of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed to	
was/were authorized by an affirmative vote of the members of the limited liability company or as oth the articles of organization or the operating agreement of the limited liability company.	
	120 1
Signature of a member or authorized representative of a member Printed or typed name of	of signce
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree	e to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am fam the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do to merely reflect a change in the registered office address, I hereby confirm that the limited liability of	cument is being filed
notified in writing of this change.	сотрину нах пеен
Signature of Registered Agent	

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