

L19 0000 53393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

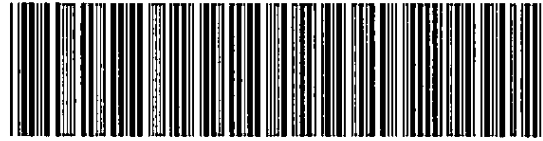
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600377032816

11/23/21--01007--010 **275.00

FILED
2021 NOV 23 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
DEC 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abdella Lane, 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:

Sara Castro Potts, Esquire

Name of Person

Castro Potts Law Firm, PLLC

Firm/Company

14864 Tamiami Trail, Unit A-205

Address

North Port, FL 34287

City/State and Zip Code

scaastro@castropotts.com

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

For further information concerning this matter, please call:

Sara Castro Potts at (941) 300-9595

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Abdella Lane, LLC

2. (a) <u>14864 Tamiami Trail</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>Unit A-205</u> <u>North Port, FL 34287</u>	(b) <u>C/O: Castro Potts Law Firm, PLLC</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>14864 Tamiami Trail, Unit A-205</u> <u>North Port, FL 34287</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. <u>03/01/2019</u> Date of filing/registration in Florida	4. <u>1,19000053393</u> Document number
----------------------------------------------------------------	--------------------------------------------

5. (a) Sara Castro, Esquire
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
99 Nesbit Street

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
Punta Gorda, FL 33950

(b) Castro Potts Law Firm, PLLC
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1990 Main Street
 NEW Registered Office Address:
Suite 750
Sarasota, FL 34236

2021 NOV 23 AM 7:17
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

Sara Castro
 Signature of a member or authorized representative of a member

Sara Castro Potts
 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.

Sara Castro
 Signature of Registered Agent