

L19 000053393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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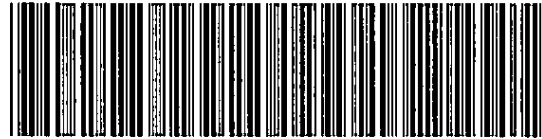
(Business Entity Name)

(Document Number)

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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

scastro@castropotts.com

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

For further information concerning this matter, please call:

Sara Castro Potts

941

300-9595

at ( )

\_\_\_\_\_  
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) 14864 Tamiami Trail  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Unit A-205  
North Port, FL 34287
- (b) C/O: Castro Potts Law Firm, PLLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
14864 Tamiami Trail, Unit A-205  
North Port, FL 34287
3. 03/01/2019 Date of filing/registration in Florida
4. 1.19000053393 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

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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 signer

*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