20000177038

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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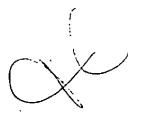
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COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJ	ECT: ABYSS MATRIX L.L.C.				_	
	ז	Name of Limited	Liability Company			
Dear S	Sir or Madam:					
The er	aclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to th	e following			
Melis	sa Jones					
	Name of Person					
ZenBı	siness Inc.					
	Firm/Company			,	2	
336 E	College Ave. Suite 301			50 (C)	2022 JUL 11 AM 8: 5	resp.
	Address			: : : : : : : : : : : : : : : : : : :	=	دي دي ا
Tallahassee, FL 32301				CLANASETA	AM	Ţ
	City/State and Zip Cod	le			ა <u>.</u> ფ	4
ra@ze	inbusiness com				Ċ,	
	E-mail address: (to be used for future	annual report not	ification)			
For fu	rther information concerning this mat	tter, please call:				
Mel	issa Jones	844 at (493-6249)			
	Name of Person		Area Code & Daytime Telepho	ne Numbe	I	
	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. Suit Tallahassee, FL 32303	te 810		
	Enclosed is a check for the follow	ing amount:				
	□ \$25 Filing Fee	٥	\$55 Filing Fee & Certified 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. 1	Name of the limited liability company: ABYSS N	/ATR	IX L.L.C	D		
2. (a	515 Landings Way #84	Сh	மு 515 Landings Way #84			ļ
	Principal office address of limited liability company:	(0.	Mailing address of limited liability com			готралу:
	(Note: MUST BE STREET ADDRESS)		MEDD	(Note: MAYBE PO		
	MERRITT ISLAND, FL 32952		MERK	ITT ISLAN	D, FL	32952
					· · -	
	06/24/2020		L20000	177038		
3.	Date of filing/registration in Florida	4.	Ι	Document number		
5. (a	Registered Agents Inc.					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:			
	7901 4th St N				207	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	!	È	22 JI	
	STE 300			25	2022 JUL 1	ij :====
	St. Petersburg , FL	33702		. ALASSEE,	A	i T
(b)	ZenBusiness Inc			بر 12	8:5	O
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:		S	
	336 E. College Ave.					
	NEW Registered Office Address:					
	Suite 301					
	Tallahassee , FL	32301	· -			
cnang agent was/w the ar	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited have were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	registered bility con of the limit	l office and (npany, it is b ted liability (the business office nereby confirmed to company or as oth	e of the reg	gistered
	Na Tasha Norwich	<u>Na</u>	Tasha N			
	ature of a member or authorized representative of a member			Printed or typed name	_	
	eby accept the appointment as registered agent and agressions of all statites relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I had writing of this change.	ee to act i performan I for in Cl ièreby cor	n this capac nce of my du napter 605, 1 nfirm that the	ity. I further agre tties, and I am Jam F.S. Or, if this do e limited liability (ee to comp niliar with cument is company h	ly with the and accept being filed as been

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