

(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:						





97/18/22--01011--009 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations		
	AARD HOLDINGS LLC		
SUBJ	ECT: AABD HOLDINGS LLC	Name of Limited I	iability Company
		Trume of Diffice L	muonity Company
Dear S	Sir or Madam:		
The er	iclosed Registered Agent/Registered	i Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernis	no this matter to the	following:
11000		ag the barrier to the	ionoving.
Malic	sa Jones		
	Name of Person		
	Name of Person		22.25
ZenBu	siness Inc.		
	Firm/Company	<u></u>	<u></u> دی
	1 3		·
336 E	College Ave. Suite 301		ক
	Address		
Tallab	assee, FL 32301		
	City/State and Zip Co	xde	_
ra@ze	nbusiness com		
	E-mail address: (to be used for future	e annual report notif	ication)
	•	•	
For fu	rther information concerning this ma	atter, please call:	
Mel	issa Jones	844	493-6249
	Name of Person	at (
	rame of relief		rate code de Dayiane reiephone i vanioer
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee. FL 32314		2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
	Enclosed is a check for the follow	wing amount:	
	□ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy
INHSI	8 (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.	Na	ame of the limited liability company: AABD HO	LDIN	IGS LL	.C		
2.	(a)	2740 GRAYSTONE ROAD	ሴ	2740	GRAYSTONE	ROA	D
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited lial (Note: MAYBE POST OF	bility comp	any:
		EAST PETERSBURG, PA 17520	_	EAST	<u>PETERSBURG,</u>	PA 1	7520
			<u></u>				
		07/29/2020		L20000	0225824		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Registered Agents Inc.					
	(-)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	: :		
		7901 4th St N			_		
		Registered Office Address (MUST BE FLORIDA STREET A)	2	•	2205		
		STE 300			_	: : : : : : : : : : : : : : : : : : :	
		St. Petersburg	33702			1 " 	- !
		ZenBusiness Inc				TO A	·
	(b) Enter name of NEW Registered Agent and/or NEW Registered Office add			dress:		A	٠
					•	(ب) س	
		336 E. College Ave.					
NEW Registered Office Address:					•		
		Suite 301			-		
		Tallahassee, FL	32301				
age wa the	ange ent we s/we e arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liablesse E Hogan	egistere ility con the lim mited li	d office and mpany, it is ited liability	I the business office of the hereby confirmed that the company or as otherwing any. OGAN	he regist he chang se provid	ered e(s)
	•	ture of a member or authorized representative of a member		in abic	Printed or typed name of sig		اماه شد
pro the to no	nerel ovisi e obl mere tifi ¢ e	by accept the appointment as registered agent and agred ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he fin writing of this change.	e to act erforma for in C reby co	in inis capa ince of my d chapter 605, infirm that t	icity. I jurther agree to huties, and I am familiar .F.S. Or, if this docume he limited liability comp	comply vith and mit is being the complex of the com	vith the d accept ng filed been

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