## 120 (DO) 2277998

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
, ,						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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}						

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		٠		
SHELL	ECT: ABG INDUSTRIES LLC				
зова,	N	Name of Limited	Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered (	Office Change an	nd fee(s) are submitted for f	iling.	
Please	return all correspondence concerning	this matter to th	e following:		
Melis	sa Jones				
	Name of Person				
ZenBu	siness Inc.				
	Firm/Сотрапу		·		
336 E	College Ave. Suite 301			<b>6</b> 3	
	Address		<del></del>	2022 JUL 11 AM II: 02	وعدسه
Tallab	assee, FL 32301			<u>:</u> –	(2000)
	City/State and Zip Cod	e	<del></del>	7. SS 2. <b>2</b>	ភូ <b>ខ</b> ិ
ra@ze	nbusiness com				
	E-mail address: (to be used for future a	annual report not	ification)	02	
For fu	rther information concerning this matt	ter, please call:			
Mel	issa Jones	844 at (	493-6249		
	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 Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	tions tassee teet. Suite 810	
	Enclosed is a check for the followi	ing amount:			
	□ \$25 Filing Fee	٥	\$55 Filing Fee & Certified	Сору	

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. N	ame of the limited liability company: ABG INDU	<u>IST</u>	RIES L	LC
2. (a)	289 BALSAM STREET		<sub>കു</sub> 3330 F.	AIRCHILD GARDENS AVENUE
Z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	PALM BEACH GARDENS, FL 33410		#300	02
		<b>-</b> -	PALM	BEACH GARDENS, FL 33410
	07/30/2020		L2000	0227998
3. 5. (a)	Date of filing/registration in Florida Registered Agents Inc.	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the 7901 4th St N	e Flori	da Dept, of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET AL STE 300	DDRE	<del>2</del> 23	202
	St. Petersburg 3	3702		2022 JUL
(b)	ZenBusiness Inc  Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	336 E. College Ave.			AMII: 02
	NEW Registered Office Address:			-
	Suite 301			_
	Tallahassee , FL	2301	· · · · · · · · · · · · · · · · · · ·	_
change agent was/w	timited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability.	egiste ility ( the li	red office ar company, it i mited liabili	d the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in
/s/	Bradley Graham	В	radley G	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po ligations of my position as registered agent as provided ; ely reflect a change in the registered office address, I he din writing of this change.	e to a erfori for in reby	ct in this cap mance of my Chapter 60, confirm that	acity. I further agree to comply with the duties, and I am jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent