h21000128463

(Requestor's Name)	
(Address)	1000
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	CCT. ABSOLUTE GENERAL S	SERVICES L.I	C.		
301301		Name of Limited	Liability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to t	he following:		
Meliss	sa Jones				
	Name of Person				
ZenBu	siness Inc.				
	Firm/Company				
336 E.	College Ave. Suite 301				
	Address			. 63 53	
Tallaha	ssee, FL 32301			2622 JUL 19	
	City/State and Zip Coo	ie		. <u>19</u>	
ra@zer	abusiness.com			,	
E	-mail address: (to be used for future	annual report no	tification)	•••	-
For fur	ther information concerning this ma	tter, please call:		٠ , تَوَ)
Meli	ssa Jones	844 at (493-6249		
	Name of Person		Area Code & Daytime Teleph	ione 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. St Tallahassee, FL 32303	nite 810	
	Enclosed is a check for the follow	ring amount:			
	□ \$25 Filing Fee	ت	\$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	Jame of the limited liability company: ABSOLUT	ΓE G	ENERA	L SERVICES L.L.C.
2. (a)	1272 THE DOINTE DOINE	,	ພ 1372 ັ	THE POINTE DRIVE
2. (a,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (<i></i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WEST PALM BEACH, FL 33409)	WEST	PALM BEACH, FL 33409
	VVEST FALIVI BEACH, 1 E 35408	,		TALM BEACH, 1 E 33409
		_		
	03/18/2021		L21000	0128463
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a	Registered Agents Inc.			
J. (c	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	:
	7901 4th St N		-	
	Registered Office Address (MUST BE FLORIDA STREET.	DDRES	<u></u>	
	STE 300			
	St. Petersburg	33702		2
				2022
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>idress:</u>	19
	336 E. College Ave.			3
	NEW Registered Office Address:			•••
	State 301			, "0
	T 11 1	22201		
	Tallahassee, FL_	32301	<u> </u>	
chang agent was/v	limited liability company is not organized under the law se or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the l	register bility co f the lin	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
<u> /s/</u>	Andre K Harris	Ar	ndre K Ha	ırris
•	ature of a member or authorized representative of a member			Printed or typed name of signee
nonyi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete soligations of my position as registered agent as provided rely reflect a change in the registered office address, I head in writing of this change.	ee to ac perform I for in e ereby c	t in this capa ance of my d Chapter 605, onfirm that tl	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signa	ture of Registered Agehr			