121000224196

(Requestor's Name)							
(Address)							
(Address)							
,							
(City/Chapter 77 or ID)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(====,							
Carliford Conice							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

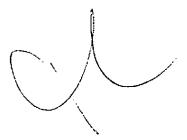
Office Use Only



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COVER LETTER

	Registration Section Division of Corporations	,						
SUBJE	CT: ABSTRACT PRODUCTIONS LLC	С						
	Name of L	imited I	Liability Company	 -				
Dear Sir	or Madam:							
The encl	osed Registered Agent/Registered Office Cha	ange and	fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning this matte	er to the	following:					
Melissa	Jones							
	Name of Person	 -						
ZenBusin	ness Inc.							
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		·	2022			
336 E. Co	ollege Ave. Suite 301			WELAHONSKE FL	JUL.			
	Address	·		1015	_	5		
Tallahass	ee,FL 32301				AM 8:			
	City/State and Zip Code		<u> </u>	<u> </u>	: 56			
ra@zenbı	isiness.com							
E-n	nail address: (to be used for future annual rep	ort notif	ncation)					
For furth	er information concerning this matter, please	call:						
Meliss	at (844	493-6249					
	Name of Person		Area Code & Daytime Teleph	one Nu	mber			
Mailing Address: Registration Section			Street Address: Registration Section					
Γ	Division of Corporations		Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee					
1	allahassee, FL 32314		2415 N. Monroe Street. Sui Tallahassee. FL 32303	ite 810				
E	inclosed is a check for the following amoun	at:						
Ε	2 \$25 Filing Fee	□ s :	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. N a	ame of the limited liability company: ABSTRAC	CT F	PROE	DUCTIONS LLC				
2. (a)	667 WEST AMELIA STREET	-	_(b) 66	7 WEST AMELIA STREET				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	APT 236		AP	T 236				
	ORLANDO, FL 32805	_	OF	RLANDO, FL 32805				
	05/13/2021		L21	000224196				
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 the Florida Dept. of State:								
	7901 4th St N Registered Office Address (MCST BE FLORIDA STREET ADDRESS)							
	Registered Office Address (MUST BE FLORIDA STREET. STE 300	<u> 1DDKI.</u>	<u> </u>	. 202				
	St. Petersburg , FL	33702		2022 JUL				
(b)	ZenBusiness Inc			S				
`,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:					
	336 E. College Ave.			8: 56				
	NEW Registered Office Address:							
	Suite 301							
	Tallahassee, FI	32301	·					
change agent was/w	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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the la	ered office company imited his	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in				
/s/ Absalom Melendez Rivera		A	Absalom Melendez Rivera					
Signature of a member or authorized representative of a member			Printed or typed name of signee					
I here provis the obtomer notific	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I defin writing of this change.	ee to d perfor d for in tereby	ct in this mance of Chapte confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 005, F.S. Or, if this document is being filed that the limited liability company has been				

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

Signature of Registered Agent