## 121000 287354

(Requestor's Name)  (Address)			
(Address)	200369180582		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)  (Document Number)	07/06/2101028022 **29		
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\*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	ABBB, LLC.
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Alejancho Name of Person	Badilla.
Firm/Company	
751 NE 7 Address	15.52
Miu, M, FC City/State and Zip Co	33/38
	a de aynail-con e annual report notification)
For further information concerning this ma	itter, please call:
Afej andro!  Name of Person	
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, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount:
☑ \$25 Filing Fee	S55 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. Name	of the limited liability company:ABRI	B. LLL		
2. (a)	6/6/NW 9 AVe.	(b)	4340 NW7A	
(w) <u></u>	Principal office address of limited liability company:	- \	Mailing address of limited liability compan	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	) 72   1
	Miani, FL 33127		Many FC:	<u> </u>
	/		/	
	// /	<u> </u>	1 2 2 2 2 2 2 2 2 2	· .
	6/21/21		L2/00028/35	4
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Luw Office of Si		Han Orth, P.A.	
Reg	gistered Agent and Registered Office shown on the records of th	e Florida Dept. of	State:	
_	3860 Skaridan St.	<u> </u>		
Re	gistered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS)</u>		
			<del></del>	
	Hollyword .FL	330,2	1	
_	A	1 11	<del></del>	
(b)	Herandro Da	dilla	<u> </u>	
En	ter name of NEW Registered Agent and/or NEW Registered C	Office address:		
	761 NIT 165	Ð		
	EW Registered Office Address:		<del></del>	
<u></u>		<del></del>		
	Mia mi , FL	3313	7 Fi. 5	
_			<u>v</u> 9	
If the limi	ted liability company is not organized under the law changes are made, the Florida street address of the r	s of the State of	f Florida, it is hereby confirmed that af	fter the red
agent will	be identical. Or in the case of a Florida limited liab	oility company,	it is hereby confirmed that the change	(S)
was/were the article	authorized by an affirmative vote of the members of s of organization or the operating agreement of the li	the limited liat	company.	o in
e ue.e		•	Alexander Dark	1/2
Signature	of a member or authorized representative of a member		Printed or typed name of signee	<del></del>
provision: the obliga to merely	accept the appointment as registered agent and agre is of all statutes relative to the proper and complete p viions of my position as registered agent as provided reflect a change in the registered office address, I ha writing of this change.	e to act in this of the serformance of the formance of the for in Chapter ereby confirm to	capacity. I further agree to comply wi my duties, and I am familiar with and a 605, F.S. Or, if this document is being hat the limited liability company has b	th the accept g filed een
Signatura	of Registered Agent			
2.Ruguarr. o	in registered rigent		nhaceae CL 23214	

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