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INH\$18 (2/14)

TO: Registration Section Division of Corporations								
SUBJECT: Abundany Southpaw Holdings LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.							
Please return all correspondence concerning thi	s matter to the following:							
Holly Dennis								
Name of Person								
Abundany Southpaw Holdings LLC								
Firm/Company								
5719 Bayou Grande Blvd NE								
Address								
St Petersburg, FL 33703								
City/State and Zip Code								
asouthpawholdings@gmail.com								
E-mail address: (to be used for future ann	ual report notification)							
For further information concerning this matter,	please call:							
Holly Dennis	at (330) 310-9229							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
□ \$25 Filing Fee	☐ \$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.	Nε	ame of the limited liability company: Abundant Southpa	w Holdings	LLC			
2.	(a)	5719 Bayou Grande Blvd NE, St Petersburg FL 33703 (h) PO Bo		PO Box 55	x 55203 St Petersburg, FL 33732		
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		8/16/2024		.210003642	243		
3.		Date of filing/registration in Florida	- - 4.	.210003042	Document number		
٥.		Q G	₹.		Document named		
5.	(a)	··			-		
		Registered Agent and Registered Office shown on the records of t	ihe Florida I	Dept. of State	o:		
			1000000		-		
		Registered Office Address (MUST BE FLORIDA STREET)					
		5719 Bayou Grande Blvd NE			-		
		St Petersburg , FL	33703			2021	
	(b)	Registered Agents Inc				i	
	• /	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ess:	-	•-	
		7901 4th St N				AM	
		NEW Registered Office Address:			· - :		
		STE 300					
		St. Petersburg , FL	33702		•		
the age wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of 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	the registed bility con from the limit	ered office ipany, it is ed liability ibility com	e and the business of s hereby confirmed to y company or as oth	ffice of the registered that the change(s)	
	igna	ture of a member or authorized representative of a member			Printed or typed name	of signee	
pro the to ngi	ovisi obl mere tifiec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change. David Roberts - Assistant Se	performa I för in Cl iereby cor	n this capa ace of my d apter 605 afirm that i	acity. I further agreduties, and I am fam L. F.S. Or, if this doc the limited liability (ve to comply with the ailiar with and accept cument is being filed company has been	

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

Signature of Registered Agent