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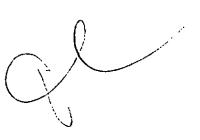
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COVER LETTER

Division of Corporations					
SUBJECT: ABRAHAMS LAW, PLLC 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 this matter to the following:					
COUTTNEY B. Phrahams Name of Person					
Firm/Company					
WINTER Park to 32799 City/State and Zip Code					
WINTER Park to 32789 City/State and Zip Code	; ;				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ourthur Movahams at (407) 1007-0007 Name of Person at (407) Area Code & Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\square\$ \$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.	Na	ame of the limited liability company: Abrahams Law,	PLIC		
2. ((a)	601 M. NEW YORK Prve \$ ste 205 (b) 601 1	V. New York Ave Ste 2		
		·	lling address of limited liability company; Note: MAY BE POST OFFICE BOX)		
		SOLV DANK KLOOT O	DAKK TI 2270A		
		WITHER PAIR PL 32 18 1 WITHER	Pare, PC 36181		
		•			
2		8/17/2021 L2100	03/0841		
3.			ocument number		
5.	(a)	Courtney & B. Abrahams			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		1342 Benevolent St			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	202		
		maitland 32751			
			8: = T		
į	(b)		Si. A		
,		Enter name of NEW Registered Agent and/or NEW Registered Office address:	AH 9: 0:		
			07		
		601 N. New York Ave. Ste 205			
		NEW Registered Office Address:			
		1. 15 × 10/6 × 10 (1/1/1/1)			
		Winter Park 12799			
IC A	1:	inited liability and a first state of First	da da da barraka arang arang dakan ar Arangka		
cha	nge	imited liability company is not organized under the laws of the State of Florida or changes are made, the Florida street address of the registered office and the	he business office of the registered		
age	nt v	will be identical. Or, in the case of a Florida limited liability company, it is he ere authorized by an affirmative vote of the members of the limited liability c	ereby confirmed that the change(s)		
		icles of organization or the operating agreement of the limited liability compa			
	U	authub Poraham (OUV)	they B. Abrahams		
Si	gnat	ture of a member or authorized representative of a member P	rinted or typed name of signce		
$\frac{Ih}{pro}$	eret visi	by accept the appointment as registered agent and agree to act in this capaci ions of all stabiles relative to the proper and complete performance of my dut	tv. I further agree to comply with the ies, and I am familiar with and accept		
the	ohl.	ions of all stabiles relative to the proper and complete performance of my dut ligations of my position as registered agent as provided for in Chapter 605. F ely reflect a change in the registered office address. I hereby confirm that the	.S. Or, if this document is being filed limited liability company has been		
not	ified	d in writing of this change.	navini, eviapun, naviven		
Signature of Registered Agent					
Sigi	uu	ne or registered Agent			