

L21000463935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

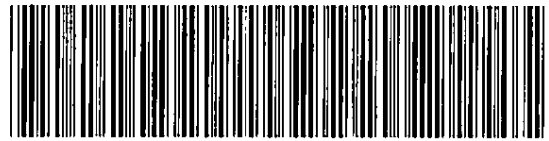
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/23--01011--008 **25.00

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CLERK OF COURT



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABC Realty Capital, 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 this matter to the following:

Don Biroschik

Name of Person

Don Biroshik CPA, P.A.

Firm/Company

35 Knight Boxx Rd, Suite 4

Address

Orange Park, FL 32065

City/State and Zip Code

don@dbcpa.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Biroschik

904

276-2262

at (_____)

Name of Person

Area Code & Daytime Telephone 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, Suite 810
Tallahassee, FL 32303

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. Name of the limited liability company: ABC Realty Capital, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

429 N. Orange Park Avenue

429 N. Orange Park Avenue

Green Cove Springs, FL 32043

Green Cove Springs, FL 32043

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Dara Michelle Lauderdale-Wimberly

Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

429 N Orange Avenue

Green Cove Springs, FL 32043

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Lana L Wimberly

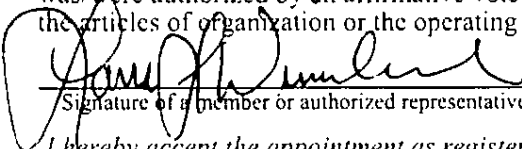
NEW Registered Office Address:

429 N Orange Avenue

Green Cove Springs, FL 32043

FILED
2023 SEP 19 PM 2:14
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

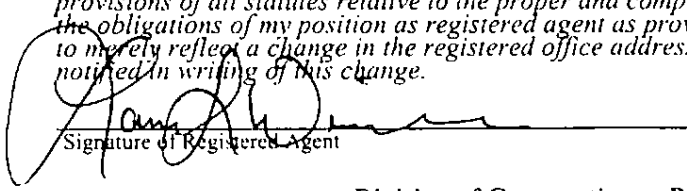
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Lana L Wimberly

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent