harcoosques

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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100391335401

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ABECK Properties LLC illame 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:
Mary A McDevitt Name of Person ABECK Properties UC Firm/Company
1783 Maywood Ct
Marco Island FL 34145 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
May A Madevitt at (267) 907-2732 Name of Person 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 □ \$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	me of the limited liability company: <u>ABECK Properties</u> LC.	
2. (a)	ABERK Projecties LLC (b)	
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	
	1783 Maywood Ct 1783 Maywood Ct	
	MOOD ISLAND FI 34145 MOOD BOOM FI 34	14
	TVIOLED DICEDITED TO THE RELIGION OF STATE OF ST	' '
	2/11/22 / 22000083408	
3.	Date of filing/registration in Florida 4. Document number	
	MICTALIST NAME A	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	2/0/ 1. 2001 and Department of the succession of the restriction of the succession o	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	registered Office Address (STOST BL TEORIDA STREET, AMARIESS)	
	Naples	
	Maria Miller 10 a a 1 A	
(b)	Emer name of NEW Registered Agent and/or NEW Registered Office address:	
	1783 Marinon 1+	
	NEW Registered Office Address:	
	NEW Registered Office Address.	
	Marco (s/an) 34/45	
	17 100 CO 12 1CO CA .FL 29 175	
If the I	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the	
agent v	or changes are made, the Florida street address of the registered office and the business office of the registered //ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)	
was/w	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.	
	we of a member or authorized representative of a member Printed or typed name of signee	•
1 nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the	
provisi	ons of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed Ty reflect a change in the registered office address, I hereby confirm that the limited liability company has been	
notifie	in writing of this change.	
$-\gamma \gamma$	are i le. McDevitt	
Signatu	e of Registered Agent	

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