Florida Department of State Division of Corporations ectronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000416649 3)))



H230004166493ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

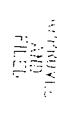
Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT CHANGE ABBA'S AND GRACE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

Help

CEC 1 4 2023 'C Brumpley

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: Abba's and Grace	LLC	
2. (a)	1698 ne 181st north miami beach	(b)_	
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	north miami beach,Florida (US)33162		
	10/14/2022 12:00:00 AM	1.2	2000443037
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALING CORPORATE SERVICES INC.		
J. (II)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Jacksonville , FI		
(b)	Corporate Creations Network Inc.		2023 DEC
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	<u> </u>
	801 US Highway I		-8 PH
	NEW Registered Office Address:		H 12: 10
	North Palm Beach , FI	L ³³⁴⁰⁸	
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability comp of the limite limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing offthis change.	performand ed for in Cha hereby conf	e of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
	Danielle Goss	sman, Spec	ial Secretary
Signati	ire of Registered Agent		