## 486869 Florida Department of

## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email	Address:					

## LLC REGISTERED AGENT CHANGE AB ENTERPRISES FLA LLC

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

DEC 2 2 2027 A. LUNT

## 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.

rtoride							
1. Na	ame of the limited liability company: AB Ent	terprise	<u>es Fla L</u>	LC			
2. (a)		ĺ	(b)				
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:				
	7901 4th St N STE 300		( <u>Note: MAY BE POST OFFICE BOX</u> ) 19891 St. Andrews Rd.				
		<del></del>					
	St. Petersburg FL 33702	<del></del>	Caledon	Ontario L7K 2E5	Canad	<u>a</u>	
	01/01/23		L22000486869				
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	BILES. WAYNE D						
	Registered Agent and Registered Office shown on the record	ds of the Flori	da Dept. of State	:			
	4107 NW 26th ST						
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRES	<u>SS)</u>				
	CAPE CORAL	. <sub>FI.</sub> 3399	)3		<b>2022</b> DEC	अज्ञास	
(b)	Northwest Registered Agen	it LLC			EC 21	- - - - - - - - - - - - - -	
((')	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office a	iddress:		<u></u>		
	7901 4th St N				AH II: 2	9., 2. <u>2</u>	
	NEW Registered Office Address:				7	•	
	STE 300						
	St. Petersburg	. <sub>FL</sub> 3370	)2				
the cha agent w was/we	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cles of organization or the operating agreement of	ss of the reg ed liability of ers of the li	gistered office company, it is mited liability	and the business offic hereby confirmed that company or as otherw	e of the the cha	registerec ngc(s)	
_~	ure of a member of authorized representative of a member	<u>M</u>	organ Not		<u> </u>		
•	·			Printed or typed name of si	•		
1 heret	by accept the appointment as registered agent and	l agree to a	ct in this capa	icity. I further agree to	r comply	r with the	

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. Thereby confirm that the limited liability company has been my ified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent