

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.

(((H24000159037 3)))



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 : (561)694-8107 Phone 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 ABIDE VACATION RENTALS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 0 1 2024 K. Brumble

## 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:  Abide Vacation Re	entals l	LC		
2. (a)	5334 TUMMEL CT.		(b)	IMEL CT,	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WESLEY CHAPEL, FL 33545	<del>-</del>	WESLEY	CHAPEL, FL 33545	_ 
	05/01/2024		L230001514	61	
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number	
J. (4)	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	he Flori	da Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>ss)</u>	•	
	JACKSONVILLE , FL	32202		2021	
(b)	Corporate Creations Network Inc.			2024 H.XY -	-
ν-,	Enter name of NEW Registered Agent and/or NEW Registered	Office i	ddress:	<u>.</u> ;=	
	801 US Highway I			P	
	NEW Registered Office Address:			. 7: Q6	
	North Palm Beach, FL_	33408		-	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe bility of f the li	red office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	strella Tavarez	Es	trella Tavarez,	Attorney-in-Fact	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
proviși the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	serfori	nance of my a	luties, and Lam familiar with and acce	n/

Signature of Registered Agony

atralla Tavarez Estrella Tavarez, Special Secretary