

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.

(((H20000188073 3)))



H200001880733ABC\$

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

Email /	Addre	\$5:
---------	-------	------

LLC REGISTERED AGENT CHANGE THE ABACUS GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 22 2020

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: The Abacus Gre	oup, LLC				
			o)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited (Note: MAY BE POST)	liability cor	npany:
	252 Harry Lane Blvd., Suite 100		252 Harry	Lane Blvd., Suite 100		
	Knoxville, TN 37923		Knoxville.	TN 37923		
	4/10/2002		M02000000	950		
3.	Date of filing/registration in Florida	4,		Document number	••	
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State	- D:		
	John M. Newman				20	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>S)</u>		1, NC 0202	
	35 Ponte Verda Colony Circle				1	
	Ponte Verda	FL_32082		-	9	
				-	Alí	•
(b)	C.T. Corporation System				ڣ	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office no	ldress.	" <u>-</u>	28	
	NEW Registered Office Address:	_		-		
	1200 South Pine Island Road					
		_		-		
	Plantation	33324				
		r. L		_		
If the l	limited liability company is not organized under the lange or changes are made, the Florida street address	laws of the	State of Flo	orida, it is hereby conf	firmed th	at after registered
agent	will be identical. Or, in the case of a Florida limited	liability c	ompany, it is	s hereby confirmed th	at the ch	inge(s)
	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the				rwise pro	viaca in
			old R. Dentoi			
Signs	nture of a member or authorized representative of a member			Printed or typed name of	signee	
provis the ob- to mer notifie	thy accept the appointment as registered agent and a tions of all statutes relative to the proper and completing tions of my position as registered agent as provided reflect a change in the registered office address, d'in writing of this change. C. T. Corporation System	ded för in I hereby c	nance of my Chapter 60, confir <mark>m th</mark> at	acity, 1 further agree duties, and 1 am famil 5, F.S. Or, if this docs the limited liability co	to compliar with iment is lompany h	ly with the and accept being filed as been
By:	are of Registered Agent	oduza, Assis	tant Secretary			