## M120000004314

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
<b>1</b>								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



300374816423

2021 OCT 13 AH 9: 11

OCT 13 PH 3:37
WHASSEE FLORIDA

OCT 1'4 2001'

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 042151 8326007

AUTHORIZATION : Squellike

COST LIMIT : \$ 25\00

ORDER DATE: September 28, 2021

ORDER TIME : 2:15 PM

ORDER NO. : 042151-010

CUSTOMER NO: 8326007

\_\_\_\_\_

## CHANGE OF AGENT

NAME: ABBM COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

## 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. N	ame of the limited liability company: ABBM COMPA	ANY, LLC	;				
2. (a)							
<b>(,</b>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	~) <u></u>	Mailing address of (Note: MAY B)	limited fial	bility con	трану:
	3322 West End Avenue Suite 500		P.O. Box	120069			
	Nashville, TN 37203		Nashville	, TN 37212			
	07/31/2012		M1200000	4314			
3.	Date of filing/registration in Florida	4.		Document nun	nber	·	
5. (a)							
J. (4)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Stat	<del>-</del> e:			
	CT CORPORATION SYSTEM						
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u></u>	_			
	1200 SOUTH PINE ISLAND ROAD					21	
	Plantation . F	33324		_	•	1021 OCT 13	
				-	• .	_	
(b)				_	-		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ldress:			<u>A</u>	, ₹ <del> </del>
	Corporation Service Company					9:   1	ht and
	NEW Registered Office Address:			-		₹.	
	1201 Hays Street			_			
	Tallahassee F	L_32301		_			
change agent v was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the line limited	ed office and ompany, it is nited liability liability com	d the business of thereby confirm to company or a tipany.	iffice of the	he regis he chan	tered ge(s)
Signa	iture of amember or authorized representative of a member	JIII	Ciimi, Autho	rized Person Printed or typed r	mma et al-a	nan	<u></u>
		vaa to an	in this acc		_		
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d in writing of this change.	ree to act perform ed for in ( hereby co	in inis capa ance of my a Thapter 605, onfirm that t	icity. I further luties, and I am , F.S. Or, if thi, he limited liabi	agree to c familiar s docume, lity comp	comply with an nt is be- any has	with the d accept ing filed been
	I)mar Tokubi.		Grace E. Kir	by, Asst. Vice	President	1	

Signature of Registered Agent