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### **COVER LETTER**

JUDDECL	Abacude	Cures	Inc.
Name of Corporation			

## DOCUMENT NUMBER: 12100000 9181

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Share Wissman	_	
Name of Contact Person Mocodde Inc.	_	
Firm/Company 777 5 Marbure Island Blad		340
Address Tunka, FL 33602 City/State and Zip Cude		
City/State and Zip Code Gilling@ abacute .Com		

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jares Shinberg	ar(813) 388-1020
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Amendment Section Division of Corporations TO:

# STATEMENT OF CHANGE OF RECISTERED OFFICE OR RECISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floridu Statutes, this statement of change is submitted for a corporation organized under the laws of the State of  $\frac{1}{10}$  in order to change its registered office or registered agent, or both, in the State of Florida.

179a	uss (if different): 10	FL 33602	)r. Ste 600	Train FL	33607	
	tion/qualification: $\underline{2/1}$				9181	
. The name and su	eet address of the current i nt of State: (If resigned, e	registered agent and			1022 Sec.	
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	Tampi, FL				111 .	e martit

[0]	Ŧ	Kennedy	Blud	#3.700	
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-	Trmp	· , FL	33601	L	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Share Witerian Signature of an ollicer or dusclor

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 ant fantillar with and accept the obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Rober R. Shimby Signature of Registered Agent

July 25, 2022

If signing on behalf of an entity:

• •

Robert A. Shimberg

Typed or Printed Name

### \*\*\* FILING FEE: 535.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)