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SECRETARY OF STATE
TABLAHASSEF FLORIDA

SHA

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: The ABBA Empire, Inc. (Name of Corporation)				
DOCUMENT NUMBER: P0600000525				
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: Change of address				
Stephen Try (Name of Contact Person)				
The ABBA Empire, Inc. (Firm/Company)				
4635 NW 53 M Ave. Suite 201 (A) (Address)				
Gainesville, FL 32653 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Stephen Try (Name of Contact Person) at (357) 376-1311 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		7.0502, 607.1508, or 617.1508, Florida Statut	
statement of char	nge is submitted for a corporation o	organized under the laws of the State of ${f F/c}$	orida
in order	$^{\circ}$ to change its registered office or r	registered agent, or both, in the State of Florida	7 .
1. The name of the	he corporation: The AC	3BA Empire, Inc.	
2. The principal	office address: 4635 N	IW 53 M Ave. Suite	201(A)
Gair	resville, FL 321	653	
3. The mailing ac	ddress (if different): 4635	NW 53rd Ave Suite	ZO1(A)
Gair	resville, FL 326	53	
4. Date of incorp	oration/qualification: 1/3/3	6 Document number: P0600	0000 525
	street address of the current registe	ered agent and registered office on file with the	
	Same		
	<u>-</u> ,		
			<i>i</i>
	street address of the new registered	d agent (if changed) and /or registered office	6
(if changed):	_		
	Same		物・一
		بتر 1,,	
	(P.O. Box NOT acce	eptable)	
		DA	州 4
The street address as changed will	ss of its registered office and the s	street address of the business office of its regi	stered agent,
Such change was	s authorized by resolution duly ade board, or the corporation has be	lopted by its board of directors or by an office en notified in writing of the change.	er so
XXX	4	Stepla Tra	
(Signatui	e of an officer or director)	(Printed or typed name and title)	
I hereby accept to I further garee to	the appointment as registered age	ent and agree to act in this capacity. Il statutes relative to the proper and complete	nerformance
of my duties, and document is bein	d I am familiar with and accept th ag filed merely to reflect a change been notified in writing of this ch	e obligation of my position as registered age in the registered office address, I hereby cor	nt. Or, if this ifirm that the
•	,		
(Sign	nature of Registered Agent)	(Date)	
If signing on beh	nalf of an entity:		
- +	•		
(Ty	yped or Printed Name)		

* * * FILING FEE: \$35.00 * * *