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Amendment Section TO: **Division of Corporations**

SUBJECT: <u>Disabled</u> Name of Corporation	and Able Budies Inc
DOCUMENT NUMBER:	P0800061152
The enclosed Statement of Ch	ange of Registered Office/Agent and fee are submitted for filing.
Please return all corresponden	ee concerning this matter to the following:
<u>Name of Contact Person</u> Displed and Firm/Company	Asie bodies Inc

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ddress min ml	FL	33185	
ity/State and Zip Cod		13154 @ AC	$\frac{1}{2}$

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

For further information concerning this matter, please call:

Padilla at (30.5) 2816505 Area Code & Daytime Telephone Number Consuel Name of Contact Person

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)