P15000070941

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Danish Marka)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Oalload				
Sig				
RA Change				

Office Use Only



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S. CARTHANIA 07/15/24--01030--021 ++35.00

PILED

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SECRETARY OF STATE
TALLAMAS SEE

COVER LETTER

TO:	Amendment Section			
	Division of Corporations			
SUBJ! Name	ECT: AUTONOMOUS BUSINESS CONNE	ECTIONS, INC.		
DOCU	JMENT NUMBER: P15000070941			
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this	s matter to the following:		
D 1	E. Loren			
	of Contact Person			
	& Kean Law			
	Company			
	airway Drive, Suite 104			
Addres	-			
Palm Bo	each Gardens, FL 33418			
City/St	ate and Zip Code			
	bloren@lorenkeanlaw.com			
E-mail	address: (to be used for future annual	report notification)		
	,			
For furt	ther information concerning this matter, p	lease call:		
Bruce E	. Loren	_, , 561 \ \615-5701		
 -	Name of Contact Person	at (561)615-5701 Area Code & Daytime Telephone Number		
Enclose	ed is a \$35.00 check made payable to the I			
	Mailing Address: Amendment Section	Street Address: Amendment Section		

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Amendment Section Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ci	e provisions of sections 607.0302, hange is submitted for a corporatio der to change its registered office o	n organized under the laws of th	e State of Florida
	f the corporation: AUTONOMOUS		•
	al office address: 11345 Avery Road		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 8/24/2015	Document number	P15000070941
5. The name ar	nd street address of the current regis	stered agent and registered office	
	Bruce E. Loren		
	7111 Fairway Drive		
	Palm Beach Gardens, FL 33418		SEC TA
6. The name an (if changed):	d street address of the new register	ed agent (if changed) and /or reg	. ح ر برز
	Bruce E. Loren		
	7121 Fairway Drive, Suite 104		AHII: 28
		P.O. Box. NOT acceptable	
	Palm Beach Gardens, FL 33418		- B
The street address changed will	ess of its registered office and the be identical.	street address of the business o	ffice of its registered agent,
Such change wanthorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors een notified in writing of the ch	or by an officer so ange.
	Meelforen	Bruce	e E Lorea
•	re of an officer or director	Printed or typed	name and title
l hereby accept l further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept th ing filed merely to reflect a chang to been notified in writing of this ch	ent and agree to act in this cape ll statutes relative to the proper he obligation of my position as l e in the registered office addres hange.	icity, rand complete performance registered agent. Or, if this s, I hereby confirm that the
	le E Foren	6/27/2	024
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Br	uce E. Loren		
T	yped or Printed Name		

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

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