

PIB 000016511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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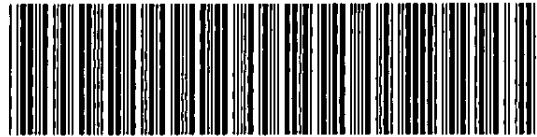
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABT Temporary Inc.

Name of Corporation

P16000016511

DOCUMENT NUMBER: _____

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:

Laura Policy

Name of Contact Person

ABT Temporary Inc.

Firm/Company

6151 Lake Osprey Dr. 3rd Floor #300

Address

Sarasota FL 34240

City/State and Zip Code

laurapolicy@gmail.com

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

For further information concerning this matter, please call:

Laura Policy

941 321-8870

at ()

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2017

LAURA POLICY
6151 LAKE OSPREY DR
3RD FL #300
SARASOTA, FL 34240

SUBJECT: ABT TEMPORARY INC.
Ref. Number: P16000016511

We have received your document for ABT TEMPORARY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 817A00004687

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

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

1. The name of the corporation: ABT Temporary Inc.
2. The principal office address: 6151 Lake Osprey Dr. 3rd Floor #300, Sarasota Fl 34240
3. The mailing address (if different): PO Box 283, Parrish Florida 34219

4. Date of incorporation/qualification: 2-18-16 Document number: P16000016511

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Laura Policy

1962 Main Street, #251 Sarasota Fl 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Edward Policy

11623 John Parrish Cove, Parrish Fl. 34219

P.O. Box NOT acceptable

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.

Laura Policy
Signature of an officer or director

Laura Policy, President
Printed or typed name and title

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 am familiar with and accept the obligation of my position as registered agent. Or, if this document 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.

[Signature]
Signature of Registered Agent

Date

If signing on behalf of an entity:

Edward F. Policy
Typed 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 (03/12)

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TALLAHASSEE, FL