

P17000019789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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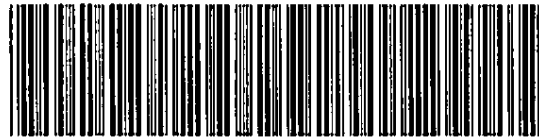
(Business Entity Name)

(Document Number)

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2018 MAY 15 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 16 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABM Investments Group INC
Name of Corporation

DOCUMENT NUMBER: P17000019789

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:

Marsha Siha

Name of Contact Person

Incfile.com

Firm/Company

17350 Highway 249

Address

Houston, TX 77064

City/State and Zip Code

efile1234@incfile.com

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

For further information concerning this matter, please call:

Marsha Siha

Name of Contact Person

at (855) 829-9090

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

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: ABM Investments Group INC
2. The principal office address: 3131 NE 188 ST 2904 AVENTURA, FL 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/01/2017 Document number: P17000019789

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)

LEGALINC CORPORATE SERVICES, INC.

5237 SUMMERLIN COMMONSSUITE 400

FORT MYERS, FL 33907

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

Arturo Borges

3131, 188th St2-904

P.O. Box NOT acceptable

Aventura, Florida 33180

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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.

Arturo Borges

Signature of an officer or director

Arturo Borges Director

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.

Arturo Borges

Signature of Registered Agent

May 15/2018

Date

If signing on behalf of an entity:

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)