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PICK-UP	☐ WAIT	MAIL	
(E	usiness Entity Name)		
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Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer		
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## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

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#### **COVER LETTER**

Amendment Section Division of Corporations

TO:

CUDIECT.	ABI SOLAR INC		
SUBJEC1:	Name of Corpo	pration	
DOCUMENT I	NUMBER:		
The enclosed St	atement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return all	correspondence concerning this matter to	the following:	
	Beth Shewell		
	Name of Contac	t Person	
Corporate Consulting Ltd.			
	any		
619 New York Avenue, Claymont			
	Address		
DE 19703			
City/State and Zip Code			
	beth@ready2ind	c.com	
	E-mail address: (to be used for futu	re annual report notification)	
	rmation concerning this matter, please call		
Bet	th Shewell	at () 800-546-8607 Area Code & Daytime Telephone Number	
1	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$3	35.00 check made payable to the Departme	nt of State.	
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	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
1. The name of the corporation: ABI SOLAR INC
2. The principal office address: 18051, BISCAYNE BLVD, APT 1904, AVENTURA, FL US 33160
3. The mailing address (if different): 18051, BISCAYNE BLVD, APT 1904, AVENTURA, FL. US 33160
4. Date of incorporation/qualification: 06/23/2017 Document number: P17000054769
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)
ALEX RENALDO, 18051, BISCAYNE BLVD, APT 1904,
AVENTURA, FL. US 33160
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporate Access, Two.  236E-6th Ave  P.O Box NOT acceptable  TAllahassee, FL 32303
The street address of its registered office and the street address of the business office offic registered agent.
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.  Alex Inclika Tribet or the corporation has been notified in writing of the change.
I hereby accept the appointment as registered ugent 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 of Registered Apont
If signing on behalf of an entity:  Danny Bennett  Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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