

P22000024034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

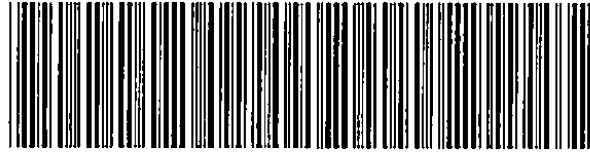
(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ABC. ABA. Inc  
Name of Corporation

DOCUMENT NUMBER: P22000024034

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:

Gianina Pensalfini  
Name of Contact Person

ABC. ABA. Inc  
Firm/Company

6962 West 24th Ave  
Address

Hialeah, FL 3306  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)  
gianina.pensalfini@ad.com

For further information concerning this matter, please call:

Gianina Pensalfini at (786) 720 3911  
Name of Contact Person Area Code & Daytime Telephone Number

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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

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ABC ABA Inc

2. The principal office address: 6962 West 24th Ave  
Hialeah FL 33016

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03-11-22 Document number: P22000024034

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)  
Gismina Rodob  
7111 NW 174th Ter #203  
Hialeah FL 33015

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Gismina Pensalfini  
6962 West 24th Ave  
Hialeah FL 33016

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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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.

[Signature]  
Signature of an officer or director

Gismina Pensalfini  
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

11-14-2024  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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