

1/25/2018

P97000029211

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
ABT TRADING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Help

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 TRADING INC.
2. The principal office address: 18851 ne 29 ave, SUITE 730
Miami, FL 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/14/2009 Document number: P97000029211
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)
GUTIERREZ, NICOLAS JJR., ESQ
1401 BRICKELL AVE , SUITE 420
Miami, FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Registered Agents Inc.
3030 N. Rocky Point Dr. STE 150A
P.O. Box NOT acceptable
Tampa FL 33607

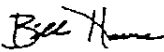
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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 of an officer or director

WALTER HABERER
AS 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 of Registered Agent

1-24-2018

Date

If signing on behalf of an entity:

Bill Havre

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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