

UP000108169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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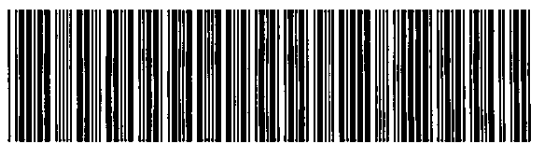
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 13 PM 4: 2016 JUN 13 AM 11: 26  
TALLAHASSEE, FLORIDA

JUN 15 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADDS ENTERPRISES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL SASSON

Name of Person

ADDS ENTERPRISES LLC

Firm/Company

1915 AVENUE O

Address

BROOKLYN, NY 11230

City/State and Zip Code

allandon@satimecpa.com

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

For further information concerning this matter, please call:

DANIEL SASSON

Name of Person

at ( 347 ) 265-8541

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE  
16 JUN 13 PM 4: 21

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ADDS ENTERPRISES LLC

2. (a) <u>210 174TH STREET APT 1004</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>210 174TH STREET APT 1004</u> <u>SUNNY ISLES BEACH, FL 33160</u>	(b) <u>1915 AVENUE O</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>1915 AVENUE O</u> <u>BROOKLYN, NY 11230</u>
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3. <u>JUNE 03, 2016</u> Date of filing/registration in Florida	4. <u>L16000108169</u> Document number
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5. (a) SASSON, DANIEL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

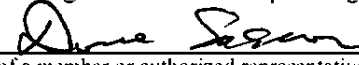
SASSON, DANIEL  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
6822 SW 39TH ST UNIT14-G  
MIRAMAR, FL 33023

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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(b) SASSON, DANIEL  
Enter name of NEW Registered Agent and/or NEW Registered Office address:


SASSON, DANIEL  
NEW Registered Office Address:  
210 174TH STREET APT 1004  
SUNNY ISLES BEACH, FL 33160

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

DANIEL SASSON  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent