L21000268720

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section Division of Corporations							
	ECT: ADUDE LLC							
SUBJI	ECT: 13032 220	Name of Limited Liability Company						
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office Char	ge and	fee(s) are submitted for filing.				
	return all correspondence concernin		_					
Meliss	sa Jones							
	Name of Person							
ZenBu	siness Inc.							
	Firm/Company	<u> </u>			7 % 7 %			
336 E.	College Ave. Suite 301				, . , -			
	Address		···					
Tallaba	issee, FL 32301				 			
	City/State and Zip Co	de						
ra@zei	ibusiness com							
E	-mail address: (to be used for future	annual repo	rt notif	ication)				
For fur	ther information concerning this ma	itter, please c	all:					
Meli	ssa Jones	84 at (44	493-6249				
	Name of Person	··· C_		Area Code & Daytime Telephone N	umber			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 81 Tallahassee. FL 32303	0			
	Enclosed is a check for the follow	ving amount	t:					
	□ \$25 Filing Fee		□ \$.	55 Filing Fee & Certified Copy				

INHS18 (2/14)

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. N :	ame of the limited liability company: ADUDE 1	LC		
2. (a)	10117 TANTARA COURT		(b) 10117 TANTARA COURT	-
2 . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) RIVERVIEW, FL 33578		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX) RIVERVIEW, FL 33578	y .
	06/09/2021		L21000268720	
3. 5. (a)	Date of filing/registration in Florida Registered Agents Inc.	4.	Document number	
J. ()	Registered Agent and Registered Office shown on the records of 7901 4th St N	the Florid	ida Dept. of State:	
	Registered Office Address	ADDRES	<u>:SS)</u>	
	St. Petersburg , FI	33702		
(b)	ZenBusiness Inc		1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	address:	
	336 E. College Ave. NEW Registered Office Address:			
	Suite 301			
	Tallahassee , FI	32301		
change agent v was/w the art	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability c of the lin limited	ered office and the business office of the registere company, it is hereby confirmed that the change imited liability company or as otherwise provided d liability company.	ed (s)
	lay Tsultim ture of a member or authorized representative of a member	<u>Ja</u>	ay Tsultim Printed or typed name of signee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I diin writing of this change.	ree to ac perforn d for in hereby c	act in this capacity. I further agree to comply wit	h the iccept filed een

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00