To: Page 2 of 4 2015-07-21 15:57:2 (GMT) 18888884470 From: Luis Silva

P02000071677

7/21/2015 Division of Corporations (((H15000176724 3)))

Florida Department of State
Division of Corporations
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From:
Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
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REGISTERED AGENT CHANGE
A.D. GROUP.COM, CORP.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.D. GROUP.COM, CORP.
Name of Corporation

DOCUMENT NUMBER: P02000071677

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:

PATRICK MCCORNICK
Name of Contact Person

Firm/Company

12555 ORANGE DR. SUITE 4024
Address

DAVIE, FL 33330
City/State and Zip Code

srinformation99@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK MCCORNICK at ( )
Name of Contact Person Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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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: A.D. GROUP.COM, CORP

2. The principal office address: 12555 ORANGE DR, SUITE 4024
DAVIE, FL 33330

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/01/2002 Document number: P02000071677

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)

MCCORNICK, PATRICK
5220 S UNIVERSITY DR. SUITE C-103
DAVIE, FL 33328

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MCCORNICK, PATRICK
12555 ORANGE DR, SUITE 4024
P.O. Box NOT acceptable
DAVIE, FL 33330

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 Officer or Director — PATRICK MCCORNICK
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 — 7/21/2015 Date

If signing on behalf of an entity:

PATRICK MCCORNICK
Typed or Printed Name

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TALLAHASSEE, FLORIDA

* * * FILING FEE: $35.00 * * *

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

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