(Re	equestor's Name)			
. (Ad	ldress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Co	orporations	
SUBJECT:	ADIRONE	DACK DEVELOPMENT, LLC
		f Limited Liability Company
Dear Sir or Madam:		
The enclosed Registe	red Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all corre	espondence concernin	ng this matter to the following:
	Miriam Katz	
	Name of Person	
Vo	corp Services, LLC Firm/Company	
25 Rob	ert Pitt Drive, Suite 2	204
	onsey, NY 10952 ty/State and Zip Code	
cld@	difalcofernandez.co	om et notification)
For further information	on concerning this ma	atter, please call:
Miria	ım Katz	at (845) 425-0077
Name o	f Person	Area Code & Daytime Telephone Number
STREET/CO	URIER ADDRESS:	MAILING ADDRESS:
Registration Se		Registration Section
Division of Co		Division of Corporations
Clifton Buildin		P.O. Box 6327
	e Center Circle	Tallahassee, Florida 32314
Tallahassee, F		
Enclosed is a	check for the follow	ving amount:
\$25 Filing	Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

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

Pursuant to the provisions of sections 608.416 or 608.508, 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:	ADIRONDACK DEVELOPMENT, LLC	
2. (a) Principal office address of limited liability	company: c/o DiFalco & Fernandez, LLLP	
(Note: MUST BE STREET ADDRESS)	777 Brickell Avenue, Suite 630 Miami, FL 33131	
(b) Mailing address of limited liability compar	y: c/o DiFalco & Fernandez, LLLP	
(Note: MAY BE POST OFFICE BOX)	777 Brickell Avenue, Suite 630 Miami, FL 33131	
06/22/2007	L07000065843	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:	
Registered Agent:	DIFALCO & FERNANDEZ, LLLP	
Registered Office Address:	3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 US	
(b) Enter name of NEW Registered Agent and	d/or NEW Registered Office address:	
NEW Registered Agent:	DIFALCO & FERNANDEZ, LLLP	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	777 Brickell Avenue Suite 630 Miami ,FL33131	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of 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 mitted liability company it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the harded liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Christophe L. DiFalco 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 608, 15, 16, if this document is being filed to merely reflect a change in the registered office address, I hereby conjumnation the limited liability company has been notified in writing of this change.		
	company has been notified in writing of this change.	
Signature of Registerit Agent	Dec (2017 (Pallalarense 10) - 2021 4	
). Box 6327, Tallahassee, FL 32314 FER: \$25.00	