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(R	equestor's Name)			
(A	ddress)			
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JUN 19 2014

R. WHITE

COVER LETTER

SUBJECT:	AD Private Equity. Inc.		
SUBJECT:	Name of Corp	poration	
	P05000164213		
DOCUMENT NUM	1BER:		
The enclosed Statem	ent of Change of Registered Office/A	agent and fee are submitted for filing.	
Please return all corr	respondence concerning this matter to	the following:	
	Celeste A. Stellabot	t	
_	Name of Conta	ect Person	
	·	ernational Group, LLP	
	Firm/Com	pany	
	401 City Avenue, Suite 220		
	Address		
	Bala Cynwyd, PA	19004	
-	City/State and	Zip Code	
	\ celeste.stellabott@	Dsig.com	
- i	E-mail address: (to be used for futu	ire annual report notification)	
For further informati	ion concerning this matter, please call	l:	
Celeste A. Stellabott	7,	484-562-1255	
		at (_) Name of Contact Pers Area Code & Daytime Telephone Num	
Enclosed is a \$35.00	check made payable to the Departme	ent of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building 2661 Executive Center Circ	
	Tallahassee, FL 32314	Tallahassee, FL 32301	

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted fo	ons 607.0502, 617.0502, 607.1508, or o or a corporation organized under the la stered office or registered agent, or bo	aws of the State of _	Florida		
The name of the corporation:	u c	,			
2. The principal office address:					
3. The mailing address (if different):				
4. Date of incorporation/qualificati	on: <u>12/16/2005</u> Document	t number: <u>P05000</u>	164213		
5. The name and street address of t Florida Department of State: (If	he current registered agent and register resigned, enter resigned) Nesbeth, Autumn (Resigned)	red office on file w	ith the		
	555 South Federal Highway, Suite 4	00	_		
	Boca Raton, FL 33432		- - \$\frac{1}{2}		
6. The name and street address of t (if changed):	the new registered agent (if changed) an		1		
	SIG Holding, Inc.				
	555 South Federal Highway	, Suite 400			
	P.O. Box NOT acceptable Boca Raton, FL 33432				
_	I office and the street address of the b				
	solution duly adopted by its board of rporation has been notified in writing		officer so		
Brian Sullivan, T		n Sullivan, Treasur			
Signature of an officer or director in the second s	or Property of the property of the provisions of all statutes relative to the provisions of all statutes relative to the familiar with and accept the obligating filed merely to reflect a change in the provision of this provision withing of this contact.	nted or typed name and the scapacity. The proper and constitution of my position the registered office change.			
2.11		5/22/19	/		
Signature of Registered Age If signing on behalf of an entity:	nt	Date			
Brian Sullivan, Treasurer					
Typed or Printed Name					

* * * FILING FEE: \$35.00 * * *