

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104875

Entity Name: ADO PROFESSIONAL SOLUTIONS, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY
BLDG 800
JACKSONVILLE, FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PKWY
BLDG 800
JACKSONVILLE, FL 32246 US

FEI Number: 59-3482208

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SVP, SECRETARY, GC, DIRECTOR
Name HODGERSON, VANESSA
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 800
City-State-Zip: JACKSONVILLE FL 32246

Title VP- TAX
Name ROBINSON, GERALD
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 800
City-State-Zip: JACKSONVILLE FL 32246

Title VP, TREASURER
Name BRENO, PAUL
Address 4800 DEERWOOD CAMPUS PKWY,
 BLDG, 800
 BLDG. 800
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT, DIRECTOR
Name CHAMBERLIN, LAURA
Address 4800 DEERWOOD CAMPUS PKWY
 BLDG 800
City-State-Zip: JACKSONVILLE FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERALD ROBINSON

VP TAX

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date