## 522479

Athone	guestor's Name)	Sder
Arso Ent	conics)	Inc.
4101 M. W.	5.132n	d57:
Mic Mig	FL 33t y/State/Zip/Phone	55U = #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
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10/2/12 RW RIA Crg

12 SEP 28 PH 3: 10

SECRETARY OF STATE

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	ADEO ENTEDDDICES INC	
2. The name of the control of the principal of the principal of the control of th	4101 N.W. 120nd Chroat	
z. The principal (	Opa Locka, Florida 33054	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 12/16/1976 Document number: 522479	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	ANTONIO L. SOLER	
	1395 Brickell Avenue, Suite 3212	
	Miami, FL 33131	
6. The name and (if changed):		26
	ANTHONY M. SOLER	28
	4101 N.W. 132nd Street	圣
	P.O. Box NOT acceptable	33 ==
	Opa Locka, Florida 33054	0
The street addre as changed will	ess of its registered office and the street address of the business office of its registered a be identical.	gent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board or the comporation has been notified in writing of the change.	
Signatur	Anthony M. Soler, President Printed or typed name and title	
I haraby accept	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties and I am familiar with and accept the obligation of my position as registere is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	d
	nature of/Registered Agent Phite	
	half of an entity:	
Au Ty	Allung Sole Cyped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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