568367

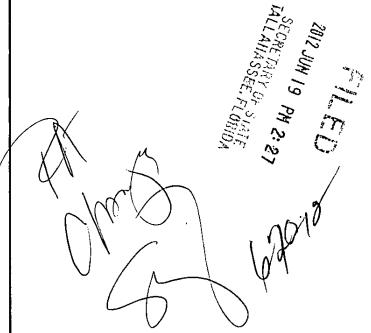
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Adams Acres, Inc.

Name of Corporation

DOCUMENT NUMBER:

568367

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:

Carl Simone

Name of Contact Person

Adams Acres, Inc.

Firm/Company

1735 State Road 16, Suite 1

Address

St. Augustine, FL 32084

City/State and Zip Code

csimone@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer H. Cannon

,_/904 \824-4391

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

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

1. The name of	the corporation: Adams Acres, Inc.
2. The principal	office address: 1735 State Road 16, Suite 1, St. Augustine, FL 320
3. The mailing a	address (if different): same
4. Date of incor	poration/qualification: 04/12/1978 Document number: 568367
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Carl Simone
	527 Lake Road
	Ponte Vedra, FL 32082
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
,	Carl Simone
, ,	Carl Simone Simone
	Carl Simone Simone 1735 State Road 16, Suite 1
	Carl Simone 1735 State Road 16, Suite 1 P.O. Box NOT acceptable St. Augustine, FL 32084
The street addr	Carl Simone 1735 State Road 16, Suite 1 P.O. Box NOT acceptable St. Augustine, FL 32084 ess of its registered office and the street address of the business office of its registered age to be identical.
The street addr as changed will Such change w authorized by t	Carl Simone 1735 State Road 16, Suite 1 P.O. Box NOT acceptable St. Augustine, FL 32084

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 * * *