## L040000026917

	2555	
(Requestor's Name)	SECRETAL TALLAHAS	r of State EE. FLORIO
(Address)		300061672
(Address)		300001012
(City/State/Zip/Phone #)		
	MAIL	1172072503394
(Business Entity Name)  (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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TO: Registration Section Division of Corporations	FI	LED
SUBJECT: ADAMATMAR, LLC	<sup>2005</sup> NOV 2	'3 P 2:2.
(Name of Limi	ited Liability Company)  TALLAHASSE	Y OF STATE E. FLORIDA
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Alyssa M. Sells, Esquire		
(Name of Person)		
Edwards & Sells, P.A.		
(Firm/Company)		
1515 Ringling Blvd., Suite 840		
(Address)		
Sarasota, Florida 34236		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
Alyssa M. Sells, Esquire at	(941 ) 363-0110	
(Name of Person)	(Area Code & Daytime Telephone Nur	mber)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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

BOTH FOR LIMIT	TED LIABILITY COMPANY	
Pursuant to the provisions of sections 608.41 liability company submits the following statem agent, or both, in the State of Florida.	6 or 608.508, Florida Statutes, the undentented in order to change its registered offic	rsigned limited ce or retistered
1. The name of the limited liability company is	: ADAMATMAR, LLC	
2. The mailing address of the limited liability of	2000 Terrace	2005 NOV 23
Bradenton, Florida 34202		TALLARASSEE, FI
April 9, 2004	L04000026917	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Department of State:		rds of the
Alyssa M. Sells,	<del></del>	
4000 Canand Cha	Name	
1800 Second Stre		
Compania Florida	Address	
Sarasota, Florida	, State and Zip	
City	, State and Zip	
6. The name and address of the new registered a	agent and/or office:	
Alyssa M. Sells, I	Esquire	
	Name	
1515 Ringling Blv	d., Suite 840	
Florida street addres	ss (P.O. Box NOT acceptable)	
Sarasota	FL 34236	
City, S	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are nand the business office of the registered agent which is been confirmed that the first company, it is hereby confirmed that the first company or the members of the limited liability company or the perfections agreement of the limited liability.	nade, the Florida street address of the regis will be identical. Or, in the case of a Florida te change(s) was/were authorized by an affi y or as otherwise provided in the articles of	stered office a limited irmative vote

(Signature of a member or authorized representative of a member)

Alyssa M. Sells

(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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby donfirm that the similar liability company has been notified in writing of this change.

(Figurature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00