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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2009

Nicolas A. Manzini Manzini & Associates, P.A. 169 E. Flagler Street, #1500 Miami, FL 33131

SUBJECT: ADSUM GROUP, LLC Ref. Number: L06000022894

We have received your document for ADSUM GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is for a corporation and your entity is an LLC. I have enclosed the correct form that you may fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 409A00005359

Annette Ramsey Regulatory Specialist II

COVER LETTER

169 E. FLAGLER STREET - SUITE 1500 (Address) 150 Pm	TO: Registration Section Division of Corporations					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NICOLAS A. MANZINI (Name of Person) MANZINI & ASSOCIATES, P.A. (Firm/Company) 169 E. FLAGLER STREET - SUITE 1500 (Address) MIAMI, FLORIDA 33131 (City/State and Zip Code) For further information concerning this matter, please call: NICOLAS A. MANZINI at (305) 577-9903 (Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314						
Please return all correspondence concerning this matter to the following: NICOLAS A. MANZINI	Dear Sir or Madam:					
NICOLAS A. MANZINI (Name of Person) MANZINI & ASSOCIATES, P.A. (Firm/Company) 169 E. FLAGLER STREET - SUITE 1500 (Address) MIAMI, FLORIDA 33131 (City/State and Zip Code) For further information concerning this matter, please call: NICOLAS A. MANZINI (Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clothed Sand Address P.O. Box 6327 Clababase, Florida 32314	The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.				
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MIAMI, FLORIDA 33131 (City/State and Zip Code) For further information concerning this matter, please call: NICOLAS A. MANZINI (Name of Person) At (305) 577-9903 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	169 E. FLAGLER STREET - SUITE	E 1500				
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(Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	For further information concerning this m	natter, please call:				
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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	(Name of Person)					
ion single faid	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314)			
Enclosed is a check for the following amount: (FILE) 6 William Fee \$\ \text{25 Filing Fee} \text{ Certified Copy}	•		•			

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	. Name of the limited liability company: ADSUM GROUP, LLC				
2.	(a) Principal office address (<i>Note: MUST BE STR</i>		169 E. FLAGLER STREET - SUITE 1518 MIAMI, FLORIDA 33131	0	
	(b) Mailing address of limit (Note: MAY BE POST		169 E. FLAGLER STREET - SUITE 1518 MIAMI, FLORIDA 33131	0 0	
_	03/02/2006		L06000022894 7		
	Date of filing/registration in		AL AL	ton land	
5.	(a) Registered Agent and R	egistered Office shown on th	le records of the Florida Dept. offstate.	ī	
	Registered Agent:	-	ATRIUM REGISTERED AGENTS INC.		
	Registered Office Addre	ess:	1500 SAN REMO AVE., SUITE 12500 CORAL GABLES, FLORIDA 33146	+	
		-	32		
	(b) Enter name of <u>NEW Re</u>	gistered Agent and/or NEW	Registered Office address:		
	NEW Registered Agent	:	NICOLAS A. MANZINI, ESQ.	Đ	
	<u>NEW</u> Registered Office (MUST BE FLORIDA	Address: STREET ADDRESS)	169 E. FLAGLER STREET SUITE 1500 MIAMI ■ ,FL 33131	0	
th of he lia	nat after the change or changes ffice of the registered agent w ereby confirmed that the chan	are made, the Florida street ill be identical. Or, in the case pe(s) was/were authorized by	ws of the State of Florida, it is hereby confirm address of the registered office and the busine se of a Florida limited liability company, it is an affirmative vote of the members of the lin organization or the operating agreement of the	ess nited	
	ignature of a member or authorized reposition.	resentative of a member)			
	Printed or typed name of signee)				
_					
co ar F. co	hereby accept the appointment omply with the provisions of a m familiar with and accept the S. Or, if this document is bein onfirm that the limited liability	ll statutes relative to the proje cobligations of my position a ng filed to merely reflect a ch company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, a is registered agent as provided for in Chapter lange in the registered office address, I hereb in writing of this change.	nd I 608, y	

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

INHS18 (05/08)