L06000071470

(Re	equestor's Name)	<u>-</u>
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		10-90
	Office Use Only	(11)



100080297291

10/06/06--01011--001 **25.00

SECHALL CE STATE

T LC DM I

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AD Enterprises, LLC (Name of Limit	ed Liability Company)	
Dear Sir or Madam:	_	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this		
Andrew Shaw	D6 OCT -6 PH 1: 04 RECALL OF FLORE TALL ALL STATE TALL STATE TA	
(Name of Person)	PH II	
(Firm/Company)	DA P	
2601 Falkner Rd.		
(Address)		
Orlando, FL 32810 (City/State and Zip Code)		
For further information concerning this matter, pl	lease call:	
Andrew Shaw at (407	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following an	aount:	
	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

Also, please change AD Enterprises, LLC's mailing address to the following:

2601 Falkner Rd. Orlando, FL 32810

Sincerely,

Andrew Shaw (Registered Agent)

6 OCT -6 PM 1:

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. The name of the limited liability con	apany is: AD Enterprises, LLC
2. The mailing address of the limited li	ability company is : 2601 Falkner Rd, Orlando, FL 32810
July 18, 2006	L06000071470
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the records of the
Andrew Sha	WE
862 Grand R	Name 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Altamonte Sp	Name Regency Pointe, #205 Address Orings, FL 32714 City, State and Zip istered agent and/or office:
6. The name and address of the new reg	istered agent and/or office:
Andrew Shar	w 95 0
2601 Falkner	ivanic
	t address (P.O. Box NOT acceptable)
Orlando	* /
Onando	FL 32810 City, State and Zip
confirmed that after the change or change and the business office of the registered liability company, it is hereby confirmed of the members of the limited liability or the operating agreement of the limited	ganized under the laws of the State of Florida, it is hereby ses are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited I that the change(s) was/were authorized by an affirmative vote company or as otherwise provided in the articles of organization I liability company.
(Signature of a member or authorized representative	of a member)
Andrew Shaw	
(Printed or typed name of signee) I hereby accept the appointment as regicomply with the provisions of all statute, and I am familiar with and accept the old Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limite (Signature of Registered Agent)	stered agent and agree to act in this capacity. I further agree to s relative to the proper and complete performance of my duties, ligations of my position as registered agent as provided for in s being filed to merely reflect a change in the registered office d liability company has been notified in writing of this change.

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