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Special Instructions to	Filing Officer:	LS
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: <u>Adamski Enterp</u> (Name of Limi	rises, LLC ited Liability Company)		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted	for filing.	
Please	return all correspondence concerning this	matter to the following:		
	Rochelle Adamski (Name of Person)	·······		
	Adamski Enterprise	S.LLC		
(1029 Carriage Lake U	say-		
	Ulru Blach, FL 329 (City/State and Zip Code)	968		
For fu	rther information concerning this matter, p	please call:		
	(Name of Person) at	(772) 473-947 (Area Code & Daytime 7		ber)
	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	2007 AUG 21 PM 1:45 SECRETARY OF STATE TALLAHASSEE, FLORID	
	Enclosed is a check for the following an	mount:	TATE ORIDA	
	\$25 Filing Fee	\$55 Filing Fee & Certified	Сору	

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 company is: Adamski Enterprises, LLC	•
2. The mailing address of the limited liability company is: 629 Carriage Lake Wo Vevo Beach, A. 32968	y
8/14/06 L060000 80380	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
Lef few, Alison, Eso. Name 80 Royal Palm Point #202 Address Uero Beach, Pl 32960 City, State and Zip 6. The name and address of the new registered agent and/or office:	
6. The name and address of the new registered agent and/or office:	
Rochelle Adamski Name Cag Carriage Lake way Florida street address (P.O. Box NOT acceptable) Ver Beach FL 32968	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vof the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.	ce ote tion
(Signature of a member) Rocy elle Adam Sta (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreemply with the provisions of all statutes relative to the proper and complete performance of my durand I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, § S. Or, if this document is being filed to merely reflect a change in the registered off address, I hereby confirm that the limited liability company has been notified in writing of this chan	ee to ies, in ice ge.

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

(Signature of Registered Agent)