

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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Porter Wright Morris & Arthur LLP
9132 Strada Place, Third Floor
Naples, Florida 34108-2683
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TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 4

PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #.
1.	Division of Corporations Florida Dept of State	850-617-6383	

RE: **A&D Real Estate Holdings II LLC**

Fax Audit #: H130001936813

Attached for filing, please find:

1. Registered Agent Change for the above-referenced limited liability company

Thank you.

From: Ted R. Walters, Esq. Telephone: (239) 598-2990

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&D Real Estate Holdings II LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theodore R. Walters

Name of Person

Porter Wright Morris & Arthur LLP

Firm/Company

9132 Strada Place - 3rd Floor

Address

Naples, FL 34108-2683

City/State and Zip Code

twalters@porterwright.com

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

For further information concerning this matter, please call:

Theodore R. Walters at (239) 593.2900

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE

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: A&D Real Estate Holdings II LLC
2. (a) Principal office address of limited liability company: c/o Epic Food Concepts LLC
 (Note: **MUST BE STREET ADDRESS**)
10681 Airport-Pulling Road North, Suite 24
Naples, FL 34109-7332
- (b) Mailing address of limited liability company: c/o Epic Food Concepts LLC
 (Note: **MAY BE POST OFFICE BOX**)
10681 Airport-Pulling Road North, Suite 24
Naples, FL 34109-7332

October 10, 2007

L07000103101

3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CLASP, INC

Registered Office Address:

3001 Tamiami Trail North
Suite 400
Naples, FL 34103

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:Theodore R. Walters**NEW Registered Office Address:****(MUST BE FLORIDA STREET ADDRESS)**
Porter Wright Morris & Arthur LLP
9132 Strada Place - 3rd Floor
Naples, FL 34108-2683

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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member



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, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

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