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**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ADTR BAND LLL  Name of Limited Liability Co	mpany
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Name of Person	
ADTR BAND LLC Firm/Company	ZHE NOV
245 304 AUR. N. Address	-9
Franklin TN 37064  City/State and Zip Code	PI STATE
Noel@ (wofinancial. (0 ~ E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark Marcado at (407) 8 Name of Person Area Co	te & Daytime Telephone Number
Registration Section Registration Division of Corporations Division of Clifton Building P.O. Box 6	f Corporations
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing	ng Fee & 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.

ageni, or both, in the state of Pioriaa.	
1. Name of the limited liability company:AOTR	BAND, LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	37. North orange Ave # 79
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	245 312 Ave. N. Franklin, TN 37064
ACCI 14, 2008  3. Date of filing/registration in Florida	<u>L 080000 3 7 5 3  </u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Nicholas O. Nanton
Registered Office Address:	220 E. Central PKNY Suite 1020 Altamente Springs, EL 32701
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address
NEW Registered Agent:	Mark Mercado
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	37 N. Orange AVO: 5 Suite 790 FL 32801
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Joshua Woodard	_
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 a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my package of the confirmation of the provision of the	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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