

L 09000038630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

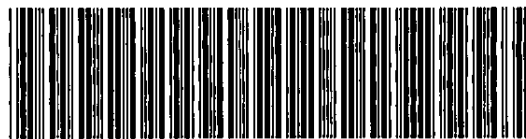
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN -9 PM 4:16

M. MILLIGAN

JUN 12 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2017

MIKE SMITH
ADIKT ADVENTURE US
1631 ROCK SPRINGS RD, #413
APOPKA, FL 32712

SUBJECT: ADIKT ADVENTURE US, LLC
Ref. Number: L09000038630

We have received your document for ADIKT ADVENTURE US, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 017A00009994

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adikt Adventure US, 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:

Mike Smith

Name of Person

Adikt Adventure US

Firm/Company

1631 Rock Springs Rd #413

Address

Apopka, FL, 32712

City/State and Zip Code

admin@treetopconcept.com

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

For further information concerning this matter, please call:

Mike Smith

Name of Person

at (407) 4173074

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

From:

Adikt Adventure US, LLC
1631 Rock Springs Rd, #413
Apopka, FL, 32712

To:

Registration Section
Division of Corporations
P.O Box 6327
Tallahassee, FL, 32314

Object: Change of registered agent – Document #L09000038630

To whom it may concern:

Following Adikt Adventure US LLC change of registered agent rejection by your services, please find here attached the following documents:

- A new cover letter,
- A new Statement of Change of Registered Agent

Payment already sent via check #1485 dated 05/02/2017, cashed on 05/10/2017 for \$25.

2017 JUN -9 AM 10:38

TALLAHASSEE, FLORIDA

mm

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Adikt Adventure US, LLC

2. (a) 350 Lincoln Road, Suite Massat 3031 (b) 1631 Rock Springs Rd #413

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami Beach, FL, 33139

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Apopka, FL, 32712

04/21/2009

L09000038630

3. Date of filing/registration in Florida

4. Document number

5. (a) Dauny Florian J, Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

18851 NE 29th Avenue, Suite 700

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Aventura, FL 33180

(b) PA2NOM CORP

Enter name of NEW Registered Agent and/or NEW Registered Office address:

350 Lincoln Road

NEW Registered Office Address:

Suite Massat 3031

Miami Beach, FL 33139

FILED
CLERK OF CIRCUIT
DIVISION OF CORPORATIONS
17 JUN -9 PM 4:16

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

Mike Smith

Printed or typed name of signer

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 605, 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