

L090000076/58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

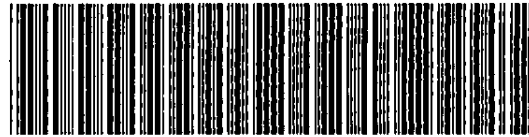
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 18 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADISTE MARKETING LLC
Name of Corporation

DOCUMENT NUMBER: L09000076158

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADI J STELCER
Name of Contact Person

ADISTE MARKETING LLC
Firm/Company

2804 SARENTO PLACE, UNIT 112
Address

PALM BEACH GARDENS, FL 33410
City/State and Zip Code

ADISTELLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADI J STELCER at (561) 307-8282
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 23, 2011

ADI J STELCHER
2804 SARENTO PLACE
UNIT 112
PALM BEACH GARDENS, FL 33410

SUBJECT: ADISTE MARKETING L.L.C.
Ref. Number: L09000076158

We have received your document for ADISTE MARKETING L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00019741

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: ADISE MARKETING LLC

2. (a) Principal office address of limited liability company: 2804 SARENTO PLACE

(Note: **MUST BE STREET ADDRESS**)

UNIT 112
PALM BEACH GARDENS, FL 33410

(b) Mailing address of limited liability company: "SAME"

(Note: **MAY BE POST OFFICE BOX**)

8/7/09
3. Date of filing/registration in Florida

LOG000076158
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address: 13302 WINDING OAKS BLVD.
A-100
TAMPA, FL 33612

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

NEW Registered Agent: ADISE J. STELLER

NEW Registered Office Address: 2804 SARENTO PLACE
UNIT 112
PALM BEACH GARDENS, FL 33410
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Adi Steller
Signature of a member or authorized representative of a member

ADI STELLER
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 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.

Adi Steller
Signature of Registered Agent

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

FILED
SEP 15 PM 1:51
TALLAHASSEE, FLORIDA