## 1100000808

(Req	uestor's Name)	<u>.</u>
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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## **COVER LETTER**.

TO: Registration Section Division of Corporations				
SUBJECT: ADEAS-Q				
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:				
Iason Collins				
Name of Person				
ADEAS-0				
Firm/Company				
201 E. Kennedy Blud #950 Address				
Address				
Tampa FL 33602 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (813) 495-7382  Area Code & Daytime Telephone Numb	_			
Name of Person Area Code & Daytime Telephone Numb	er			
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327	• • • • • • • • • • • • • • • • • • •			
2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee				

## 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

ne of the limited liability company:ADE	HS-O	· · · · · · · · · · · · · · · · · · ·
	(b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (9/	Mailing address of limited liability company:  (Note: 1 MAY BE POST OFFICE BOX)
201 E. Kenn. J. Alud Suite 950		201 1= 1connedy Bl-d. S- h 950
Tampo 1-L 33602		Tamp. Fl 33602
10/15/10		L/000010807
Date of filing/registration in Florida	4.	Document number
Jason Collins		
Registered Agent and Registered Office shown on the records of the	ne Florida Dept	t, of State:
Registered Office Address (MUST RF FLORIDA STREET A	DDRESS)	
		<b>5</b> 7
Enter name of NEW Registered Agent and/or NEW Registered (	Office address	
		■ ■ ▼
NEW Paris and Office Address	-	
	0 -	94° O
201 E. Kennedy Blud Suite	950	<del></del>
Tamp. ,FL	3360	2
age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of les of organization or the operating agreement of the less of a member or authorized representative of a member of a member of a member of a member of a pointment as registered agent and agreement of all statutes relative to the proper and complete in	the registere bility compared the limited limited liabil him ted l	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.  Printed or typed name of signee  this capacity. I further agree to comply with the coffiny duties, and I am familiar with and accept
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  201 E. Kann. J. Bl. J. S. T. 950  Tampa: I-L. 33602  /// 15/10  Date of filing/registration in Florida	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  201 E. Kann. J. Bl. J. S. tr. 950  Tampe, 1-L. 33602    10/15/10    Date of filing/registration in Florida   4.     Segistered Agent and Registered Office shown on the records of the Florida Dep  Registered Office Address   MUST BE FLORIDA STREET ADDRESS    HHE Second Street North S. tr. 100   St. Principal   FL 3370  Enter name of NEW Registered Agent and/or NEW Registered Office address   NEW Registered Office Address: