

L11000035336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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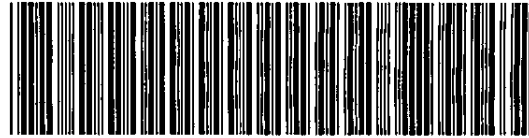
(Business Entity Name)

(Document Number)

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E. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

ABAD ADO, LLC.

SUBJECT: _____
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:

JESUSA ALONSO ABAD

Name of Person

ABAD ADO, LLC.

Firm/Company

5911 NW 173RD DRIVE. SUITE #15.

Address

MIAMI LAKES, FLORIDA 33015-5122.

City/State and Zip Code

susyalonsoabad@yahoo.com

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

For further information concerning this matter, please call:

JESUSA ALONSO ABAD

1 305 748-0395

at (_____) _____

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

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.

ABAD ADO, LLC.

1. Name of the limited liability company: ABAD ADO, LLC.
2. (a) 5911 NW 173RD DRIVE.
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE #15.
MIAMI LAKES, FL 33015-5122.
- (b) 5911 NW 173RD DRIVE.
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE #15.
MIAMI LAKES, FL 33015-5122.
- 10/16/2014 L11000035336

3. 10/16/2014 Date of filing/registration in Florida 4. L11000035336 Document number

5. (a) JESUSA ALONSO

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

5518 NW 114 AVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

UNIT 103

DORAL

33178.

, FL

(b) JESUSA ALONSO ABAD

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

5911 NW 173RD DRIVE.

NEW Registered Office Address:

SUITE #15.

MIAMI LAKES

33015-5122.

, FL

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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]
Signature of a member or authorized representative of a member

JESUSA ALONSO
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]
Signature of Registered Agent