

L11000035336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

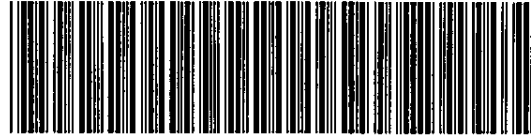
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 18 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

20

January 29th, 2014.

ABAD ADO, LLC.
TROPICAL CENTER
3-45 E 44TH ST.
HIALEAH, FLORIDA 33013.

URGENT MATTER

To whom it may concern:

This letter is to inform you that we have a **new mailing address**. Please update your records to replace my previous address:

ABAD ADO, LLC.
5911 NW 173RD DR.
SUITE #15.
HIALEAH, FLORIDA 33015-5122.

with the following new address:

ABAD ADO, LLC.
P.O. BOX: 668186.
MIAMI, FLORIDA 33166-9998.

Thank you for your prompt attention to this matter.

Sincerely,
ABAD ADO, LLC.
JESUSA ALONSO ABAD
OWNER.

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

43 EAST 44TH STREET

Address

HIALEAH, FLORIDA 33013.

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:

ESTEFANIA WONG ALONSO **305** **748-3143**
_____ 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) 43 EAST 44TH STREET (b) PO BOX 668186

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

HIALEAH, FLORIDA 33013.

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

MIAMI, FLORIDA 33166-9998.

02/06/2015

L11000035336

3. Date of filing/registration in Florida

4.

Document number

JESUSA ALONSO ABAD

5. (a)

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

5911 NW 173RD DRIVE.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUITE #15.

MIAMI LAKES

33015.

, FL

JESUSA ALONSO ABAD

(b)

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

43 EAST 44TH STREET

NEW Registered Office Address:

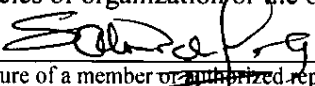
HIALEAH

33013.

, FL

15 FEB 18 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

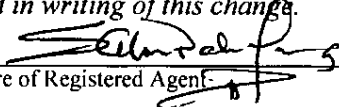
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

JESUSA ALONSO ABAD

Printed or typed name of signee

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