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Registration Section
Division of Corporations

TO:

INHS18 (2/14)

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SUBJECT: AOAM WILKE & AS Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
AOAM 3. WILKE Name of Person	
ADAM WILKE & ASSOCIA	TES, LLC
312 Stu AVE	
MELBOURNE BEACH, FL City/State and Zip Code WILKE, ADAM @ YAHOO.	com
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
AOAM J. WILKE at (32 Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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.

2. (a)			(h)_		_		
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MELI	BOURNE	BEACH F	L 32951	MELB	OURNE	BE	ACH.
	04-25.	•		L1200			3245
3.	Date of filing/regi	istration in Florida	4.	Doeur	nent number		
5. (a)		l Office shown on the ree					
			ords of the Florida Do	ept. of State:			
	OAM J.			<u> </u>			
		MUST BE FLORIDA ST	REET ADDRESS)			Ž:	20
_526	6 SANG) <u>C</u> 7				}} 	2022 J
MELB	ourne E	BEACH	FL 329	51		SVI	NOU
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(b)		Agent and/or NEW Reg	intered Office all I	 .;	A COLO	<u> </u>	
Enter name	ON NEW Degistered	When may of the best of the be	isterea Office adare	STAFF	OFFIC		 မ
Enter name	of NEW Registered			/A	ONNES.	5 22 4	
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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