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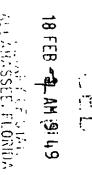
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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COVER LETTER

то:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJ	A Door Real Estate, LLC				
	Na	me of Limited L	iability Company		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	ffice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to the	following:		
Justi	n Witkin				
_	Name of Person		<u> </u>		
A Do	or Real Estate, LLC				
	Firm/Company				
226	S Palafox St, Ste 402				
-	Address				
Pens	acola, Fl 32502				
	City/State and Zip Code		_		
megl	nan.gilroy@adoorproperties.com				
ŀ	E-mail address: (to be used for future an	nual report noti	fication)		
For fu	rther information concerning this matter	r, please call:			
Megi	nan Gilroy-Triolo	850	525-5135		
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314		
Enclosed is a check for the following amount:					
	2 \$25 Filing Fee	□ s	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.

1. N	ame of the limited liability company: ADoor Real I	Estate,	LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	226 S Palafox St, Ste 402		17 E	ast Main Street,	, Suite 200	
	Pensacola, Fl 32502		Pensacola, FI 32502			
	1/18/18		L1300	00145721		
3.	Date of filing/registration in Florida	4,		Document nui	mber	
5. (a)	·					
J. (a,	Registered Agent and Registered Office shown on the records of LABW Holdings LLC	the Florid	a Dept. of	f State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u></u> <u>S)</u>	·		
	401 E. Chase St., Ste. 200					
	Pensacola	32502	· !		18 FI	
(b)	LABW Holdings LLC				48.7558 44	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:		me A IT	
	LABW Holdings LLC					
	NEW Registered Office Address:				61 61 E	
	5041 Bayou Blvd					
	Pensacola, FL	32503				
agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regi lability co of the lin	istered o ompany. nited lial	office and the busing tit is hereby confir bility company or a	less office of the registered med that the change(s)	
	<u> </u>	Jus	stin Wi	tkin		
	sture of a member or authorized representative of a member			Printed or typed	· ·	
provis. the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ree to ac perform d for in (hereby c	t in this ance of Chapter onfirm t	capacity. I further my duties, and I ar 605, F.S. Or, if th that the limited liah	agree to comply with the namiliar with and accept is document is being filed bility company has been	
Signatu	ire of Registered Agent					