

L15 0000 69069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

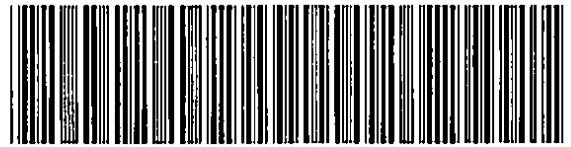
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300367885593

06/14/21--01023--003 \*\*25.00

2021 JUN 14 AM 4:30  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADI ORLANDO HOTELS, LLC

\_\_\_\_\_  
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:

Nixaliz Martinez

\_\_\_\_\_  
Name of Person

ADI Management, Inc.

\_\_\_\_\_  
Firm/Company

1955 Harrison Street Suite 200

\_\_\_\_\_  
Address

Hollywood, FL 33020

\_\_\_\_\_  
City/State and Zip Code

nixaliz.martinez@adlglobal.com

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

For further information concerning this matter, please call:

Nixaliz Martinez

954

434-5001

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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.*

1. Name of the limited liability company: ADI ORLANDO HOTELS, LLC
2. (a) 1955 HARRISON ST STE 200 HOLLYWOOD, FL 33020  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 1955 HARRISON ST STE 200 HOLLYWOOD, FL 33020  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. 04/20/2015 Date of filing/registration in Florida
4. L15000069069 Document number
5. (a) STANTON, A J, JR.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
STANTON, A J, JR.  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
9480 E. COLONIAL DRIVE  
ORLANDO, FL 32817
- (b) STEVEN BERKELEY  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
STEVEN BERKELEY  
**NEW Registered Office Address:**  
1955 HARRISON STREET SUITE 200  
HOLLYWOOD, FL 33020

2021 JUL 14 AM 4:30  
CLERK OF THE COURT  
JUL 14 2021

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

JOSE DANIEL BERMAN

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]  
(Signature of Registered Agent)