115000179694

(1	Requestor's Name)						
(Address)	<u></u>					
(,	Address)						
(1	City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions							
Mrorg	torm						
	Office Use Only						



800279408918

12/07/15--01022--011 **25.00

2015 DEC TO A 9 24

CORETARY OF STATE
ATTACKEE FLORIDA

DEC 1 8 2015

3 MASON



December 8, 2015

ALEXANDER L. HANNETT 8004 NW 154 STREET, SUITE 303 MIAMI LAKES, FL 33016

SUBJECT: DADE MARKETING SOLUTIONS, LLC

Ref. Number: L15000179694

We have received your document for DADE MARKETING SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 415A00025705

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations							
SUBJECT: Dade Marketing Solu-	tions LLC ad 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:						
Alexander L. Hannett Name of Person	· ·						
Dade Marketing Solutions La Firm Company	CC.						
8004 NW 154 Street, Suit	<u>e 303</u>						
Miami Lakes FL 33016 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Alexander L. Hannett at (7) Name of Person	03) 855 - 1436 Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations P.O. Box 6327						
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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.

1.	Na	me of the limited liability company: Dade Mar	Keti	ing 501	otions, L	LC_	
2.	(a)	7365 Fairwar Drive	(b)	136	5 Fair	say D	Ci Je_
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ` `	Ŋ	Mailing address o		
		ADT 124		ADT	134		<u> </u>
		Minni John Cl. 22214	_	11. an	1010	<i>E</i> ₁ 2	2014
		Miami Lakes, FL 33014	-	JVII am	Lakes	765	3-77
		October 22 2015		1.15	00017	9694	P
3.		Date of filing/registration in Florida	4.		Document nu		
5.	(a)	United States Corporation	Age	MS,In	•		
		Registered Agent and Registered Office shown on the records of the		Dept. of State	j. 	2815 SEC	
		13302 Winding Dak Court Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS		725 773 714)330 t	
		A		-	S S S)] ARY	<u> </u>
		To an intelled the	22	612	न्त्र - रुप	, o _E	
		Tampa MALASSA , FL	<u> </u>	012	- COR	4 75	O
	(b)	Alexander L. Hannett.	<u> </u>		IDA	2 4	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	dress:	her		
		8004 NW 154 Street			_		
		NEW Registered Office Address:	-		-		
		Soite 303	-		=		
		M^ / a/a 5	33c	. (/			
			-		_		
the	cha	imited liability company is not organized under the lawinge or changes are made, the Florida street address of t	he regis	stered office	e and the busii	ness office	of the registered
Wa	ıs/w	will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	`the lim	iited liabilit	y company or	rmed that tas otherwi	the change(s) se provided in
the	art	reles of organization or the operating agreement of the l	^		1 1	1	<i>L</i> 1 _
7	/// Signa	ture of a member or authorized representative of a member	<u> </u>	lexando	Printed or types	d name of sig	nee
I_{pr}	iere	by accept the appointment as registered agent and agre	e to act	in this cap	acity. I furthe duties, and I d	er agree to im familiai	comply with the with and accept
the to	ob mej	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	főr in C ereby c	Chapter 60. onfirm that	5, F.S. Or, if t the limited lia	his docume bility com	ent is being filed pany has been
no	tiffe	in writing of this change					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent