

L160000039205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

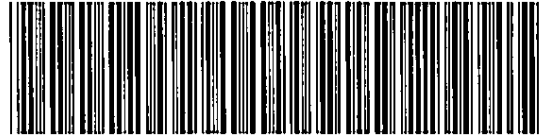
(Business Entity Name)

(Document Number)

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18 SEP 27 AM 7:00
SUNRISE STATE
TALLAHASSEE, FLORIDA

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K. SALY

OCI - 2 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADB FIA PROPERTIES 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:

Anthony Barabba
Name of Person

Firm/Company

3000 Murcell 560657
Address

Rockledge FL 32956
City/State and Zip Code

anthoac12@icbael.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony BARABBA at (630) 918-2757
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.

1. Name of the limited liability company: ADB FIA Properties LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3000 Murrell 560657
Rockledge FL 32956

3000 Murrell 560657
Rockledge FL 32956

3. 2/24/16
 Date of filing/registration in Florida

4. L16000039205
 Document number

5. (a) Anthony BARBARA
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3500 BRUNOT CIR
VIERA, FL 32940

FILED
 18 SEP 27 AM 7:00
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
3000 Murrell 560657
Rockledge, FL 32956

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

Anthony BARBARA
 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