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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	#)
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JUN 1 5 2016 S. YOUN

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ADDS ENTERPRISES LLC			
	Nam	e of Limited Liab	oility Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning thi	s matter to the fo	llowing:	
DANI	EL SASSON			
	Name of Person			
ADD:	S ENTERPRISES LLC			
	Firm/Company			<u>س</u> ش
1915	AVENUE O ,			16 JUN 13
	Address		•	3 PH
BRO	OKLYN, NY 11230			£
	City/State and Zip Code		•	2
alland	don@satimecpa.com			
E	E-mail address: (to be used for future annu	ual report notifica	ition)	
For fu	rther information concerning this matter,	please call:		
DANI	EL SASSON	at (265-8541	
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	△ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

INHS18 (2/14)

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.

I. Na	ame of the limited liability company: ADD	S ENTER	PRISE	ES LLC			
2. (a)	210 174TH STREET APT 1004	·	(b	, 1915 A\	/ENUE O		
- (4)	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		_ (0		Mailing address of limited (Note: MAY BE POST		_
	210 174TH STREET APT 1004		•	1915 AV	ENUE O		
	SUNNY ISLES BEACH, FL 33160		_	BROOK	LYN, NY 11230		_
	JUNE 03, 2016			L160001	08169		
3.	Date of filing/registration in Flori	ida	4.		Document number		_
5. (a)	SASSON, DANIEL						
J. (a)	Registered Agent and Registered Office shown on t	he records of th	e Florida	Dept. of State	· :	-1	
	SASSON, DANIEL					る響	
	Registered Office Address (MUST BE FLORIE	DA STREET A	DDRESS	2	•		
	6822 SW 39TH ST UNIT14-G					LAHASSE JUN 13	F
	MIRAMAR	. FL	33023		•	B PH	1
(b)	SASSON, DANIEL Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> SASSON, DANIEL	V Registered (Office ad	dress:		#: 21	τŸ
	NEW Registered Office Address:				•		
	210 174TH STREET APT 1004						
	SUNNY ISLES BEACH	FL_	33160				
the cha agent v was/we the arti	imited liability company is not organized using or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreer	t address of t a limited lial members of ment of the l	he regise bility contains the limited l	stered office ompany, it is ited liability	e and the business offices hereby confirmed the company or as other apany.	ice of the registere at the change(s) rwise provided in	ed
-	ture of a member or authorized representative of a mo		•		Printed or typed name of	_	
provisi the obl to mer	by accept the appointment as registered agions of all statutes relative to the proper an ligations of my position as registered agentely reflect a change in the registered officed in writing of this change.	ent and agre d complete p as provided address, I h	e to act perform for in C ereby co	in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree duties, and I am famil , F.S. Or, if this docu the limited liability co	to comply with the liar with and accep ment is being filed ompany has been	e ot d
Signatu	ire of Registered Agent						

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