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COVER LETTER

Division of Corporations	`
AD I HOSPITALITY GROUP, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Nixaliz Martinez	
Name of Person	
AD1 Management, Inc.	
Firm/Company	
1955 Harrison Street Suite 200	
Address	
Høllywood, FL 33020	
City/State and Zip Code	
nixaliz.martinez@ad1global.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Nixaliz Martinez 9 at (54 434-5001
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	t:
■ \$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.

l. N	ame of the limited liability company: AD 1 HOSPITALI 1955 HARRISON ST STE 200 HOLLYWOOD, FL 33020	11 (T STE 200	HOLLYV	VOOD, FL 33
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	1933 117	Mailing ad	dress of limite	d liability	company:
	03/21/2017	- · ,	L —	1700006			•	-
3.	Date of filing/registration in Florida STANTON, A J. JR.	4.			Docume	ent number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta STANTON, A J. JR. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9480 E. COLONIAL DRIVE				tate:	2021 JULI 14		
	ORLANDO EL C	32817	,				-	
	STEVEN BERKELEY Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				_		AM 4: 30	· ! ····
	STEVEN BERKELEY							
	NEW Registered Office Address: 1955 HARRISON STREET SUITE 200							
	HOLLYWOOD, FL_	33020)					
hange gent v vas/w he art	imited liability company is not organized under the law or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	egist pility the l imite	ered com imite d lia	office a pany, it ed liabil pility co	ind the bus is hereby (ity compar) ompany. BERMAN	iness office confirmed t iy or as oth	of the ro hat the c erwise p	egistered hange(s)
here provis he obi o nier	ture of a member or authorized representative of a member 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 taffect a change in the registered office address. I ha is in writing of this change.	e to e erfor for it ereby	act ir man n Ch con	this ca ce of my apter 60 irm tha	pacity. I fi	r typed name of orther agree of 1 am fam. or if this doc ad liability of	e to com	ply with the and accept being filed has been