

L17000113151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

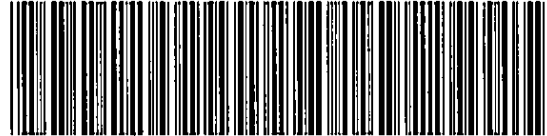
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 OCT 23 PM 3:54

FILED

2018 OCT -1 AM 10:58

PROCESSED

D BRUCE
OCT 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2018

JAY ROTHLEIN, ESQ.
407 LINCOLN RD, STE 2-A
MIAMI BEACH, FL 33139

SUBJECT: ADG 1400 LLC
Ref. Number: L17000113151

FILED
2018 OCT 23 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ADG 1400 LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 618A00020843

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADG 1400 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:

JAY ROTHLEIN, ESQ.

Name of Person

Firm/Company

407 Lincoln Road, Suite 2-A

Address

Miami Beach, FL 33139

City/State and Zip Code

jay@jrbeachlaw.com

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

For further information concerning this matter, please call:

Jay Rothlein, Esq.

at (305) 532-2250

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

FILED
2018 OCT 23 PM 3:54
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA

**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: ADG 1400 LLC

2. (a) 71 NE 46 Street (b) 71 NE 46 Street

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Miami, FL 33137

Miami, FL 33137

05/22/2017

L17000113151

3. Date of filing/registration in Florida

4. Document number

5. (a) Jay Rothlein, Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

800 West Ave.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite C-1

Miami Beach, FL 33139

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

407 Lincoln Road

NEW Registered Office Address:

Suite 2-A

Miami Beach, FL 33139

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2018 OCT 23 PM 3:24
TALLAHASSEE, FL
FILING OFFICE

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

DEVIN GRIEF

Printed or typed name of signer

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

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