

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, , , , , , , , , , , , , , , , , , ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





09/01/17--01005--028 **25.00



COVER LETTER

TO:

1NHS18 (2/14)

то:	Registration Section Division of Corporations				
SURJ	ECT: AAD	LEASING	LLC		
00,,,,	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning the	nis matter to	the following:		
KAR	EN ATKINSON				
	Name of Person	·			
ATKI	NSON & ASSOCIATES				
	Firm/Company				
4355	HANCOCK BRIDGE PARKWAY				
	Address	•			
NOR	TH FORT MYERS, FL 33903				
_	City/State and Zip Code				
KATH	(INSON@ATKINSONASSOCIAT	ES.NET			
Ī	-mail address: (to be used for future and	nual report no	otification)		
For fur	ther information concerning this matter	, please call:			
KARE	EN ATKINSON	239 at (997-1441		
	Name of Person	at (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:			
	24 \$25 Filing Fee	ü	\$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:	AAD LEA	ASING LLC
2. (a)	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4026 SW 30TH AVENUE	2	4026 SW 30TH AVENUE
	CAPE CORAL, FL 33914		CAPE CORAL, FL 33914
	AUGUST 8, 2017	L1	17000168839
3.	Date of filing/registration in Florida	4.	Document number
5. (a	.)		
	Registered Agent and Registered Office shown on the records of ARTHUR K SILVA	of the Florida De	Pept. of State:
	Registered Office Address IMUST BE FLORIDA STREET		
	4026 SE 30TH AVENUE		
	CAPE CORAL . F	33914	
		-	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	PSN:
			•
	NEW Registered Office Address:		F · 10: 12
	4026 SW 30TH AVENUE		
			
	CAPE CORAL F	ı. <u>33914</u>	
agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register inhibity comp of the limited c limited linh	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	-	Printed or typed name of signee
the ob to mer	thy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I ed in writing of this change.	ree to act in a performanced for in Cha hereby confi	

Signature of Registered Agent