

217000262334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

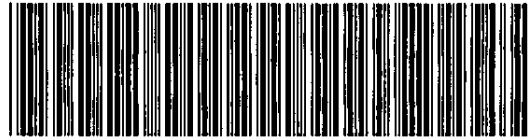
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE
SECRETARY

FEB 26 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADEN HOLDINGS 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:

Michael L Baffone Jr
Name of Person

ADEN HOLDINGS LLC
Firm/Company

5601 Burnt Branch Circle
Address

Sarasota FL 34232
City/State and Zip Code

baffonejr@sbcglobal.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Baffone Jr at (530) 386-8067
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: ADEN HOLDINGS LLC

2. (a) _____ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>5601 Burnt Branch Circle</u> <u>Sarasota FL 34232</u>	(b) _____ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>5601 Burnt Branch Circle</u> <u>Sarasota FL 34232</u>
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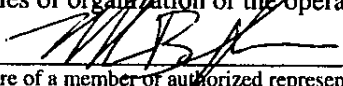
3. <u>12-27-2017</u> Date of filing/registration in Florida	4. <u>L17000262334</u> Document number
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5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Michael L Baffone
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
5601 Burnt Branch Circle
Sarasota FL _____, FL 34232

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
REGISTERED AGENTS INC.
NEW Registered Office Address:
3030 N. Rocky Point Drive, STE 150A
Tampa _____, FL 33607

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 TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member	<u>Michael L Baffone Jr.</u> _____ Printed or typed name of signer
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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.



 Bill Havre/Assistant Secretary
 Signature of Registered Agent

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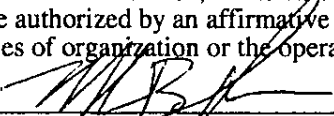
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Sarasota FL _____, FL 34232

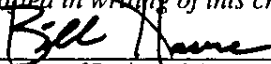
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NEW Registered Office Address:
3030 N. Rocky Point Drive, STE 150A
Tampa _____, FL 33607

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 SECRETARY OF STATE

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 _____ Signature of a member or authorized representative of a member	<u>Michael L Baffone Jr.</u> _____ Printed or typed name of signer
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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.



 Bill Havre/Assistant Secretary
 Signature of Registered Agent