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(Ří	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nar	ne)		
(1)	ocument Number)			
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## **COVER LETTER**

FO: Registration Section Division of Corporations					
SUBJECT: ADZ 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:					
Clive R Ames  Name of Person					
Firm/Company					
13527 DS Highway 1 Address					
Schastian Fl. 32958 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (845) 305-4074  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 & Certified Copy					
INHS18 (2/14)					

## LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liabil submits the following statement in order to change its registered office or registered agent, or both, in Florida.

1.	Na	ume of the limited liability company: ADZ LLC	
2.		13597 US High Way (b)	Mailing address of limited liability c
		Sepastian Fl 32958	(Note: MAY BE POST OFFICE
3.		Date of filing/registration in Florida 4.	200011209  Document number
5.	(a)	Brian Donnelly	_
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State    Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)	2019 OCT -2
		Sepostian FL 32958	- PX
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	, = 19
		13527 US High Way   NEW Registered Office Address:	-
		Sebastian FL 30958	<u>-</u>
the ago wa	cha ent w s/we	imited liability company is not organized under the laws of the State of Florige or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability coefficies of organization or the operating agreement of the limited liability con	e and the business office of the s hereby confirmed that the clay company or as otherwise pro-
$\frac{\mathcal{L}}{S}$	LCC ignat	Could the of a member or authorized representative of a member	Printed or typed name of signee
I h pro the to i not	ereb ovisi obli nere ifiec	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 603 by reflect a change in the registered office address. I hereby confirm that I in writing of this change.	- · · · · - · · · · · · · · · · · · · ·
Sig	natu	c of Registered Agent	

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