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CA (C).

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Adaved	Me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Gainery Bolanos Name of Person Firm/Company	Pastariada 2019 APR 12 F
3052 SW 27 Terrace Address	PH 4: 27
Meani, FL, 33133 City/State and Zip Code	
<u>Ubolanos Cu a mo</u> Email address: (to be used for fugire an	nual report notification)
For further information concerning this matter	
Yainery Bolonos	at ( <del>786</del> ) 8179906
Same 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	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## . 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. Na	ame of the limited liability company:ADAVE	D LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 3052 SW 27 Terreco  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida  Uninerse Bolonos Ca  Registered Agent and Registered Office shown on the records of the	4. Document number  Stone da e Florida Dept. of State:
	3052 SW 27 Terroce V Registered Office Address (MUST RE FLORIDA STREET AL	Momi, FL, 33133.
(b)	Mcomi FL  Julie Césor Jimener  Enter name of NEW Registered Agent and/or NEW Registered  30 S 2 S W 27 Temace  NEW Registered Office Address:	33133. Consales Office address:
	Mioni FL	33133
the cha agent v was/we the arti	inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	
I herei provisi the obl to mere notified	ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	Printed or typed name of signee  e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed breby confirm that the limited liability company has been
Signatu	re of Registered Treat	