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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates of	of Status			
Special Instructions to I	Eiling Officer:				
Special instructions to a	ming Officer.				

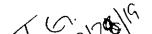
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ					
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning the	is matter to the fo	llowing:		
Alex	Damas				
	Name of Person		-		
ADX	X, LLC				
	Firm/Company		-		
3019	N. Evergreen Cir				
	Address				
Boyn	oton Beach FI, 33426		_		
	City/State and Zip Code				
	dakng21@yahoo.com				
Ī	-mail address: (to be used for future ann	ual report notific	ation)		
For fu	rther information concerning this matter,	please call:			
Alex	Damas	561 at (5843871		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section	RESS: MAILING ADDRESS: Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
	Tallahassee, Florida 32301	1 4116	massee, Fiorida 32314		
	Enclosed is a check for the following 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.

l. Na	ime of the limited liability company: ADXX, LLC			
2. (a)	801 N. FEDERAL HIGHWAY 109,110 HALLAN	(b)	3019 N E	VERGREEN CIR BOYNTON BE
2. (B)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0).	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9/17/18	 L	1800021	9882
3.	Date of filing/registration in Florida	4.	I	Document number
5. (a)	Jeff Damas			
J. (L)	Registered Agent and Registered Office shown on the records of the	: Florida D	ept. of State:	
	Hugo Damas			-:- =
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)		AP BECRE ALLA
	3019 N EVERGREEN CIR			APPROFILE FILE 2019 FEB 25 SECRICTARY FAILLAHASS
	BOYNTON BEACH 5.3	3426		
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	ess:	PHID: 13 YOF STAIF
	NEW Registered Office Address:			
	3019 N EVERGREEN CIR			
	BOYNTON BEACH , FL 3	3426		
the cha agent was/we the arti- Signat	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited of a member or authorized representative of a member obtained by accept the appointment as registered agent and agreed ons of all statutes relative to the proper and complete points of my position as registered agent as provided the profession of the proper and complete points of my position as registered agent as provided the profession of the proper and complete points of my position as registered agent as provided the profession of the profession	ne registe ility com the limited lia	ered office apany, it is ed liability bility comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. CX DY O CA Printed or typed name of signee City. I further agree to comply with the
notified	Tingwriting of this change. The of Registered Agent			