

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC
Account Number : I20180000090
Phone : (407)232-6777
Fax Number : (407)710-0533

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
ADRILLING SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2021 AUG 26 PM 12:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADRILLING SOLUTIONS 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:

FELIPE MARDAKIS

Name of Person

ASCENT ACCOUNTING GROUP

Firm/Company

7345 W SAND LAKE RD STE 209

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@ASCENTACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIPE MARDAKIS

407

2326777

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

DocuSign Envelope ID: 8EF54558-5F3D-4FC4-B38D-E1331EDE43A0

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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: ADRILLING SOLUTIONS LLC
2. (a) 15811 SHOREBIRD LN
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
WINTER GARDEN, FL 34787
- (b) 15811 SHOREBIRD LN
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
WINTER GARDEN, FL 34787
3. 10/15/2020
Date of filing/registration in Florida
4. L20000327637
Document number
5. (a) ICONNECT SOLUTIONS CORP
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6735 CONROY RD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
STE 219
ORLANDO, FL 32835
- (b) ASCENT ACCOUNTING GROUP
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7345 WEST SAND LAKE RD
NEW Registered Office Address:
STE 209
ORLANDO, FL 32819

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.

15) Valter Adriano Ferreira

VALTER ADRIANO FERREIRA

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

15) [Signature]

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314