Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		THE STATE OF THE S
	Division of Corporations	
	Fax Number : (850)617-6383	, î - î
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From	: Account Name : REGISTERED AGENTS INC.	: 717-1 = =
	Account Number : I20090000081	E PAR
	Phone : (307)200-2803	
	Fax Number : (855)330-1010	171 ·
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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.

ADC	ENT LLC	
1. Name of the fillined flatifity company.	· · · · · · · · · · · · · · · · · · ·	
2. (a) 600 ELLIOTT AVE W	(b) 2121 BISCAYNE BLVD	
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		-
525	1112	
SEATTLE, WA 98119	MIAMI, FL 33137	
04/26/2021	L21000191999	
3. Date of filing/registration in Florida	4. Document number	
5. (a) ANTON B KOSTOV		
Registered Agent and Registered Office shown on the re	records of the Florida Dept. of State:	
2121 BISCAYNE BLVD	records of the Florida Dept. of State:	-
Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)	:1 :3
1112		ij.
Miami)
(b) Registered Agents Inc.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	Registered Office address:	
7901 4th St N		
NEW Registered Office Address:		
STE 300		
St. Petersburg	. _{FL} 33702	
the change or changes are made, the Florida street ad agent will be identical. Or, in the case of a Florida li was/were authorized by an affirmative vote of the me the articles of organization or the operating agreement		istered (s)
Signature of a member or authorized representative of a memb	Riley Park Printed or typed name of signee	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and co the obligations of my position as registered agent as to merely reflect a change in the registered office ade notified in writing of this change.	t and agree to act in this capacity. I further agree to comply wisomplete performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is being ldress, I hereby confirm that the limited liability company has businessistant Secretary	ih the accept g filed een

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

Signature of Registered Agent