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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ADC BRANDS LLC					
		Name of Limited L	iability Company			
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered	l Office Change and	fec(s) are submitted for filing.			
Please	return all correspondence concernir	ng this matter to the	following:			
Maria	Del Pilar Filice					
	Name of Person					
ADC	BRANDS LLC					
	Firm/Company					
7701 1	LEXINGTON CLUB BLVD APT C					
	Address				202	
DELR	AY BEACH, FL 33446				20221537 15	110 PM
	City/State and Zip Co	-de			5	
tmalac	esina@yahoo.com					- دسہ .
	E-mail address: (to be used for future	annual report notif	ication)		=	الاست.
For fu	rther information concerning this ma	nter, please call:			ස	
Maria	Del Pilar Filice	847 a t (532-2942			
	Name of Person		Area Code & Daytime Telephone N	umber		
	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 81 Tallahassee, FL 32303	0		
	Enclosed is a check for the follow	wing amount:				
	■ \$25 Filing Fee □ \$5.		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.

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onfirmed that after the e of the registered that the change(s) nerwise provided in of signee to comply with the ailiar with and accept cument is being filed company has been