## AZICCE ZMI WELL

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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900390857269

2022 JUL 15 PH12: 12

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI					_	
		Name of Limited 1	Liability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered	l Office Change and	l fee(s) are submitted for filing	3.		
Please	return all correspondence concernir	ng this matter to the	following:			
Melis	sa Jones					
	Name of Person		<del></del>			
ZenBu	siness Inc.					
	Firm/Company			 	2022 JUL 15 PH 12: 12	
336 E	College Ave. Suite 301			, <u>'</u>	<u></u>	-
	Address		<u></u>	: :	15	e
				Sign En	PH	il.
Tallah	assee, FL 32301			. TT :	<u>.</u>	<u></u>
	City/State and Zip Co	de		· :	2	
ra@ze	nbusiness com					
	-mail address: (to be used for future	annual report noti	fication)			
For fur	ther information concerning this ma	atter, please call:				
Meli	ssa Jones	844 at (	493-6249 )			
	Name of Person		Area Code & Daytime Tele	ephone Numbe	<b>21</b>	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street. Tallahassee. FL 32303	cc		
	Enclosed is a check for the follow	ving amount:				
	□ \$25 Filing Fee	<b>-</b> 1	555 Filing Fee & Certified Cop	у		

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	me of the limited liability company: ADTECH MARKETING SERVICES LLC						
2.	(ه)	13816 THOROUGHBRED DRIVE	ſh	, 13816 7	THOROUGH	iBRE1	D DF	RIVE
2.	(4)	Principal office address of limited liability company:	_ (0		failing address of li	mited lia	bility co	прапу:
		(Note: MUST BE STREET ADDRESS)			(Note: MAYBE I			<u>BOX)</u>
		DADE CITY, FL 33525	_	DADE	CITY, FL	. 335	25	
			_					
		06/29/2021	_	L21000	299661			
3.		Date of filing/registration in Florida	4.	I	Document numb	er		
5	(a)	Registered Agents Inc.						
J.	(4)	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of State:	:			
		7901 4th St N						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					202	
		STE 300				<u>-</u>	2 JI	المست
		St. Petersburg FL 3	3702				2022 JUL 15	,===
		ZenBusiness Inc			20C	13388 VII.	PH 12:	in
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	draes:		17년 교육	$\ddot{\Sigma}$	
		The man of the W Registered Agent and the W Registered O	LINCE MU	<u></u>		' <del>*</del>	12	
		336 E. College Ave.						
		NEW Registered Office Address:	·					
		Suite 301						
		Tallahassee FL 3	2301					
age wa the	inge ent v s/we arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of the florida and the liability of the liability	egistere ility con the lim mited li	d office and mpany, it is ited liability ability compler Guen	the business off hereby confirma company or as pany. ther	fice of t ed that t otherwi	he reg the cha ise pro	istered inge(s)
S	ignat	ure of a member or authorized representative of a member			Printed or typed na	me of sig	mee	
the to t	obli obli nere iified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period igations of my position as registered agent as provided if y reflect a change in the registered office address, I herefore the control of this change.	e to act erforma for in C reby co	in this capa ince of my d chapter 605, infirm that th	city. I further a uties, and I am ) F.S. Or, if this he limited liabili	gree to familiar docume ity comp	compl with a ent is b cany h	y with the and accept peing filed as been
218	msun	re of Registered Ageht						