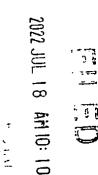
## 121000341699

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO:

INHS18 (2/14)

Firm/Compan 336 E. College Ave. Suite 301	y	
Address		· · · · · · · · · · · · · · · · · · ·
Tallahassee, FL 32301		ž.
		(/. 17.
City/State and Zip	Code	-41 []
ra@zenbusiness com		
E-mail address: (to be used for fu	iture annual report notic	fication)
E-mail address: (to be used for in	nure annual report non	ncanon)
For further information concerning this	s matter, please call:	
	944	402 6240
Melissa Jones	844 at (	493-6249 )
Name of Person		Area Code & Daytime Telephone Number
Mailing Adduses		Street Address
Mailing Address: Registration Section		Street Address: Registration Section
<del>-</del>		•
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee. FL 32314		2415 N. Monroe Street. Suite 810
		Tallahassee. FL 32303
Enclosed is a check for the fo	llowing amount:	
☐ \$25 Filing Fee	<b>=</b> \$	555 Filing Fee & Certified Copy

## \* 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. <b>N</b> :	ame of the limited liability company: A&D EXC	HANGE	SOLUTIONS LLC
2. (a)	5237 SUMMERLIN COMMONS BLV	O <sub>(b)</sub> 523	37 SUMMERLIN COMMONS BLVD
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 400	ST	E 400
	FORT MYERS, FL 33907	FC	ORT MYERS, FL 33907
	07/28/2021	L21	000341699
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agents Inc.		
J. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept, c	of State:
	7901 4th St N		
	Registered Office Address (MUST BE FLORIDA STREET -	ADDRESS)	<u> </u>
	STE 300		2
	St. Petersburg , FL	33702	2022 JUL
(b)	ZenBusiness Inc		, <del>a</del>
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	A T
	336 E. College Ave.		18 AM 10: 10
	NEW Registered Office Address:		0
	Suite 301		
	Tallahassee, FL	32301	
change agent v was/w the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registered office ability company of the limited lizability limited lizability	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	/Andy Joe Holmes III	Andy Jo	oe Holmes III
I here provisi the obj to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agresions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change in the change.	ee to act in this performance of I for in Chapte tereby confirm	Printed or typed name of signee  s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been