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(Dogwood do Norre)							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Enuty Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to Filing Officer.							

Office Use Only



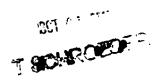
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 12, 2019

Order#: 873446-008

Re: ADEO SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: ADEO SOLUTIO	NS, LLC					
2.	(a)	101 Edgewater Dr.	_ (b)	220 S. I	Ridgewood Ave.			
	(-/	Principal office address of limited liability company:	_ (*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		(<u>Note: MUST BE STREET ADDRESS</u>)						
		Ste. 260	_	Daytona Beach, FL 32114				
		Wakefield, MA 01880	_				 	
		09/10/2014		M1400000	06455			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	C T CORPORATION SYSTEM						
	` ′	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1200 SOUTH PINE ISLAND ROAD						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
					큯	_		
					. AP.	56. 19		
		PLANTATION .FL	33324		_	 9 3		
					(0)			
	(p)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- # <u>1</u>	NOT ON THE		
					 ,			
		1201 Hays Street			1:57			
		NEW Registered Office Address:						
		Tallahassee . FL	32301		-			
the age	: cha ent w .s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limit	ered office npany, it is ed liability	e and the business offic s hereby confirmed that y company or as othery	e of the t the cha	registered ange(s)	
		Lie E Coni	Jill Ci	lmi, Author	rized Person			
Signature of a member or authorized representative of a member				Printed or typed name of signee				
pro the to :	visio obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	ertorma	nce of mv a	duties and Lam familia	ar with i	and accent	
Sig	znatur	7.7	BY: Gra	ace E. Kir	by, Assistant Vice Pr	residen	t	