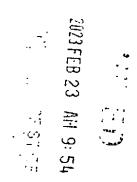
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(c.v.) c.c.v.c.v.
PICK-UP WAIT MAIL
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A BUTLER

FEB 2 4 2023

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 511982 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: February 21, 2023 ORDER TIME : 8:55 AM ORDER NO. : 511982-004 CUSTOMER NO: 8399805 CHANGE OF AGENT NAME: ADI CONSTRUCTION LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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	ame of the limited liability company: ADI CONSTRU	JCTION I	LLC					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5407A PORT ROYAL ROAD		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5407A PORT ROYAL ROAD SPRINGFIELD, VA 22151					
	SPRINGFIELD, VA 22151							
								
	11/02/2015		M150000	08805				
3.	Date of filing/registration in Florida	4.		Document nu	mber			
5. (a)				_				
	Registered Agent and Registered Office shown on the records o CT CORPORATION SYSTEM	Tthe Florid	a Dept. of Sta	ite:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_				
	1200 SOUTH PINE ISLAND ROAD							
	PLANTATION F	33324 L	ļ	-	·	2023 FEB		
					-	££8	- 1	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office w	ldress:	_		23	•	
	and wante or second regarded regarded and or second regarded	u Ome a	<u> 2010.31</u> .		.;	AH	. : !	
	Corporation Service Company				\$	ب		
	NEW Registered Office Address:			_	,	<u> </u>		
	1201 Hays Street	_		_	• 1	-		
	Tallahassee, F	32301		_				
change agent v was/we	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register ability co of the lin	ed office ar ompany, it i nited liabilit	nd the business is hereby confir ty company or a	office of med that	the reg	gistered ange(s)	
/S/	/S/ Jill Cilmi Jill			Jill Cilmi, Authorized Person				
Signal	ture of a member or authorized representative of a member			Printed or typed	name of si	gnee	-	
rovisi he obl o mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. If I in writing of this change.	ree to ac. perform d for in (hereby c	t in this cap ance of my Chapter 602 onfirm that	pacity. I further duties, and I ar 5, F.S. Or, if th the limited liab	agree to n familia iis docum pility com	compore with nent is a pany l	ly with the and accept heing filed as been	
	re of Registered Agent E. Kirby, Asst. Vice President							