7/21/25, 10:58 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000254423 3)))



H2500025442334BC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : I20090000078 Phone : (561)515-4722 Fax Number : (561)515-3904

**Enter the email address for this business entity to be used for future $\widehat{\mathbb{T}}$ annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADIDAR LLC

Certificate of Status	0	
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H250002544233

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ADIDAR LLC	
Name of Foreig	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
PAUL A. KRASKER, ESQ.	
Name of Person	
THE LAW OFFICE OF PAUL A. KRASKER, P.A.	
Firm/Company	
1615 FORUM PLACE 5TH FLOOR	
Address	
WEST PALM BEACH, FLORIDA 33401	
City/State and Zip Code	C
AMURHPHY@KRASKERLAW.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
ANDREA MURPHY SNOWDEN	at () 515-4722
Name of Person	Area Code & Daytime Telephone Number
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 810 Tallahassee, FL 32303
Enclosed is a check for the following ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certified Copy Certified Copy

To. H25000 25 4423 5 Page: 3 of 4

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	H5 EDMOR ROAD	-
	WEST PALM BEACH, FLORIDA 34450	_
Enter new mailing address, if applicable:	H5 EDMOR ROAD	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX)</u>	WEST PALM BEACH, FLORIDA 34450	
		1025 .
2. The Florida document number of this limited li	ability company is: M21000016840	לחר ל
3. Jurisdiction of its organization. DELAWARE	(A)	_ _₽
4. Date authorized to do business in Florida: 12/0	03/2021	<u></u>
SECTION II (5-9 complete only the applicable		23
(If name unavailable, enter alternate name adopted	st contain "Limited Liability Company, ""L.L.C" or "LLC d for the purpose of transacting business in Florida and attact maging members adopting the alternate name. The alternate	1.9
must contain "Limited Liability Company." "L.L.o	C." or "LLC.")	name
registered agent and/or the new registered office a		
THE LAW OFF	ICE OF PAUL A. KRASKFR, P.A.	
Name of New Registered Agent:		_
1.71 * 11/2 (14.4 4)	PLACE 5TH FLOOR	-
New Registered Office Address: 1615 FORUM P	PLACE STH FLOOR Enter Florida Sweet Address	-
isew Registered Office Address:	PLACE 5TH FLOOR Enter Florida Street Address EST PALM BEACH Florida 33401	
New Registered Office Address: 1615 FORUM P	Enter Florida Sirvet Address EST PALM BEACH City , Florida 33401 Zip Code	-
New Registered Office Address: WE New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist	PLACE STR FLOOR Enter Florida Street Address ST PALM BEACH City , Florida 33401 Zip Code existered Agent: nt and ogree to act in this capacity. I further agree to comply and complete performance of my duties, and I am familiar were agent as provided for in Chapter 605. F.S. Or, if this in the registered office address. I hereby continuiting the lin	

H250007544233

To: Fax: +18506176383 Page H250002544233

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HAMILTON, NATHAN J	252 Bloomfield Drive	⊡Add
		West Palm Beach, Pt. 33405	≣Remov
MGR Rhoads, I Nicholas	6499 Swains Road	DAdd	
	Marshall, VA 20115	=Remov	
AP POGANSKI, DANIEL, A	1 COMMERCIAL DR AREA E	⊡∧dd	
		FLORIDA, NY 10921	Remov
MGR NJH Heritage Founder I.I.C., a Delivare limited traditity Compan.	115 EDMOR ROAD	E PARK	
	WEST PALM BEACH, FL 34450	PART JUL 26	
1GR	C Palm, LLC, a Florida limited liability company	221 Royal Poinciana Way, Suite 1	
		Palm Beach, Florida 33480	DRemove

Filing Fee: \$25.00