P04000066588

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COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation

P04000066588

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRITTANY SHELL

Name of Contact Person

ADEMERO, INC.

Firm/Company

4798 S FLORIDA AVE, STE 331

Address

LAKELAND, FL 33813

City/State and Zip Code

BSHELL@ADEMERO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRITTANY SHELL

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida S on organized under the laws of the State of _ or registered agent, or both, in the State of F	FLORIDA	
I. The name of	the corporation: ADEMERO,	INC.		
2. The principal	office address: 4798 S FLC	ORIDA AVE, STE 331, LAKELA	AND, FL 338	313
3. The mailing a	nddress (if different):			
4. Date of incor	poration/qualification: 04/19/2	2004 Document number: P0400	0066588	
5. The name and		istered agent and registered office on file wi		
	RESIGNED			
	Antonio Dowels, Esq.			
	4798 S. Florida Ave., S	STE 213, Lakeland, FL 33813		
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered of	19 אוור צרטאכן נאלק אווי	- L.L.
	BRITTANY SHELL		1888 V 1979 1-	=
	4798 S FLORIDA AVE			(T)
	LAKELAND, FL 33813	. Box NOT acceptable	AM II: 3 CF STATE CFLORU	
	ess of its registered office and the be identical.	e street address of the business office of its		ıt,
authorized by the	he board, or the corporation has	adopted by its board of directors or by an elementation writing of the change.		
Signati	ire bleam officer or director	DUSTIN BAKER, DIRE Printed or typed name and titl		
I fiorther garee	to comple with the provisions of	igent and agree to act in this capacity, all statutes relative to the proper and com by the and accept the obligation of my position by to reflect a change in the registered offic otified in writing of this change.	iplete i as registered e address, l	
Toh	ul	06/24/2019		
•	mature of Registered Agent	Date		
BRITTANY	chalf of an entity:			
	yped or Printed Name	_		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *