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COVER LETTER

TO:	Amendment Section Division of Corporations	
	JECT: ADEVSOFT INC (Name of Corporation)	
DOCU	UMENT NUMBER: PO400075649	
The en	enclosed Statement of Change of Registered Office/Agent and f	ee are submitted for filing.
Please	e return all correspondence concerning this matter to the follow	ring:
	JANE KING (Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·
	A O E U S O F T I N & (Firm/Company)	
	424 E. CENTRAL BW. (Address)	D. UNIT 152
	ONLANDO, FL. 32801 (City/State and Zip Code)	<u>, </u>
For fur	urther information concerning this matter, please call:	
<u>JA</u>	(Name of Contact Person) at (866)	Oode & Daytime Telephone Number)
Enclos	osed is a \$35.00 check made payable to the Department of State	
	Division of Corporations Di P.O. Box 6327 Cl Tallahassee, FL 32314 26	reet Address: nendment Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ADEVSOFY INC.
1. The name of the corporation: ADEVSOFT INC. 2. The principal office address: 927 E NEW HAVEN AVE 9 SUITE 309
MELBOURNE FL 32901
3. The mailing address (if different): PO BOX S52
MELBOURNE FL 32902
4. Date of incorporation/qualification: 05/11/2004 Document number: P040000 75649
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JANE P. KING
927 E NEW HAVEN AVE, SUITE 309
TANE P. KING 927 E NEW HAVEN AVE, SUITE 309 MELBOURNE, FL. 32901 PS. 9
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): TANE P. KING 424 E. CENTRAL BLUD. VNIT 15850 (P.O. Box NOT acceptable)
424 E. CENTRAL BLUD., UNIT 1585 =
ONLANDO, FL. 32801
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Inc. (Signature of an officer or director) Jone I. Will Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agenty 1-15-07 (Date)
(Signature of Registered Agent) If signing on behalf of an entity: Jane Kine

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