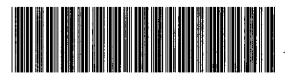
(Requestor's Name) (Address) (Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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02/26/03--01004--013 **35.00

BOR. 3/17/08

COVER LETTER

Division of Co	orporations					
SUBJECT:	Adep	t, Inc.				
	(Name of C	orporation)				
DOCUMENT NUME	BER:P070000	81995				
The enclosed Statemer	nt of Change of Registered Offic	e/Agent and fee are submitted f	or filing.			
Please return all corres	spondence concerning this matte	r to the following:				
	Mark N	l. Bacon				
(Name of Contact Person)						
Adept, Inc. d/b/a Gator Tools						
	(Firm/C	ompany)				
831 E. Highland Drive						
	(Address)					
	Lakeland,	FL 33813				
-	(City/State and Zip Code)					
For further information	n concerning this matter, please	call:				
	ark N. Bacon	at (<u>863</u>) 802-838 (Area Code & Daytime	7			
(Name	of Contact Person)	(Area Code & Daytime	retephone Number)			
Enclosed is a \$35.00 c	heck made payable to the Depar	tment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section	•			
	Division of Corporations	Division of Corpor				
	P.O. Box 6327	Clifton Building	***********			
	Tallahassee, FL 32314	2661 Executive Ce	nter Circle			
		Tallahaccae El 32	301			



February 27, 2008

Mark N. Bacon Adept, Inc. 831 E. Highland Drive Lakeland, FL 33813

SUBJECT: ADEPT, INC. Ref. Number: P07000081995

We have received your document for ADEPT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please remove the reference to the d/b/a name in the first paragraph.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 508A00012175

Annette Ramsey
Regulatory Specialist II

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

statement of change is submitted for a c in order to change its registere	corporation organize	ed under the laws of the Stat	e of Florida	
		ea agent, or boin, in the state opt, Inc.	e oj rioriaa.	
1. The name of the corporation:		rontage Rd. N		
2. The principal office address:				
		nd, FL 33810		
3. The mailing address (if different):		Highland Drive		
	Lakela	ind, FL 33813		
4. Date of incorporation/qualification: _	07/19/2007	Document number:	P07000081995	
5. The name and street address of the cu Florida Department of State:	urrent registered age	ent and registered office on fi	le with the	
Cor	poration Service	Company		
1201 Hays Street				
т	allahassee, FL	32301	1 23	
6. The name and street address of the ne (if changed):	ew registered agent	(if changed) and /or registere	2008 MAR 17 PM 4: 21 SECRETARY OF STAT TALLAHASSEE. FLORE	
	Mark N. Bac	on	SSE 7	
831 E. Highland Drive 고요				
(P.O. Box NOT acceptable)				
, , , , , , , , , , , , , , , , , , ,	Lakeland, FL 3	3813 ———————————————————————————————————	5r 6	
The street address of its registered off as changed will be identical.	ice and the street ac	ddress of the business office	e of its registered agent,	
Such change was authorized by resolutanthorized by the board, or the corporation	ition duly adopted l ation has been noti	by its board of directors or fined in writing of the chang	by an officer so e.	
(Signature of an officer of director)		Mark N. Bacon,	President	
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to refle corporation has been notified in writing	gistered agent and visions of all statut nd accept the oblig nct a change in the ng of this change.	agree to act in this capacit es relative to the proper an ation of my position as regi registered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the	
MMRN-BACK	2	December 15,	2007	
(Signature of Registered Agent)		(Date)		
If signing on behalf of an entity:				
Mark N. Bacon				
(Tuned on Drinted Name)				

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