P12000019704

(Requestor's Name)				
(Address)				
(,				
(Address)				
(City/State/Zip/Phone #)				
(Oity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Somos Linky Florito)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





100438748401

10/80/24--61026--608 *** %.00

2024 CCT 30 Fit 2: 30



COVER LETTER

TO:	Amendment Secti Division of Corpo	on orations				
SUBJE Name o	ECT:	ADLA INVESTM	ENT CORP.		_ 	
DOCU	MENT NUMBER	t: P12000019704				
The end	closed Statement o	f Change of Registe	red Office/Ag	ent and fee	are submitted for filing.	
Please	return all correspoi	ndence concerning t	his matter to t	he following	z:	
	OL DIAZ-SANCHE	z				
Name o	of Contact Person	-				
Firm/C	ompany					
Addres	S	<u>. </u>				
	SW 132nd Court , M	ami FL 33186				
City/St	ate and Zip Code					
		zsanchez@newtech.n				
E-mail	address: (to be u	sed for future ann	ual report no	tification)		
For fur	ther information ec	oncerning this matte	r, please call:			
MARIS	OL DIAZ-SANCHE	Z	at	C ³⁰⁵) 662 1687 Ext 302 e & Daytime Telephone Number	
	Name of C	Contact Person		Area Cod	e & Daytime Telephone Number	
Enclose	ed is a \$35.00 chec	k made payable to t	the Departmen	t of State.		
	Mailing Ado Amendmen	Iress:		et Address:		
		Corporations		Amendment Section Division of Corporations		
	P.O. Box 6	•			Tallahassec	
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of FLORIDA istered agent, or both, in the State of Florida.
1. The name of t	he corporation: ADLA INVESTMENT	CORP.
2. The principal	office address: 12314 SW 132nd Co	urt , Miami FL 33186
3. The mailing a	ddress (if different): 12314 SW 132r	nd Court , Miami FL 33186
4. Date of incorp	Document number: P12000019704	
5. The name and		d agent and registered office on file with the
	MARISOL DIAZ-SANCHEZ	
	1430 S DIXIE HWY, SUITE 307	<u> </u>
	CORAL GABLES, FL 33146	<u> </u>
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered office
	MARISOL DIAZ-SANCHEZ	30
	12314 SW 132nd Court	
	P,O	Box NOT acceptable
	MIAMI, FLORIDA 33186	
		eet address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly ador he board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.
	Troczburg	MARISOL DIAZ-SANCHEZ, VP
	ire of an officer or director	Printed or typed name and title
I hereby accept I further agree of my duties, ar document is be corporation ha	s peen normed in many of this end.	and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the age.
	Magsung	10/28/2024
Sig	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
MARISOL DIA	Z-SANCHEZ	
	yped or Printed Name	

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

MANY CHECKS PANARIE TO FLORIDA DEPARTMENT OF STATE