

P 150000 27335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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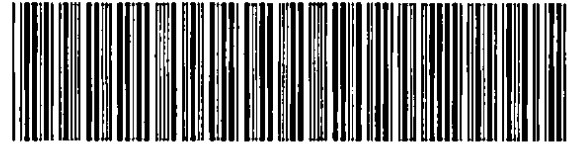
(Business Entity Name)

(Document Number)

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RA Change  
(Inactive)

FEB 18 2019

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADCTE, INC

Name of Corporation

**DOCUMENT NUMBER:** P15000027335

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:

**Laurie Jean Sojourner**

Name of Contact Person

**ADCTE, INC**

Firm/Company

**1701 Brookstone Way**

Address

**Plant City FL 33566**

City/State and Zip Code

**info@adcteinco.com**

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

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For further information concerning this matter, please call:

**Laurie Jean Sojourner**

Name of Contact Person

at **(813) 210-5163**

Area Code & Daytime Telephone Number

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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADCTE, INC
2. The principal office address: 1701 Brookstone Way, Plant City FL 33566

3. The mailing address (if different):

4. Date of incorporation/qualification: 2/01/2015 Document number: W15000007542- P1500002733

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Laurie Jean Craddock
16006 GATWICK CT
TAMPA, FL 33647

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Laurie Jean Sojourner
1701 Brookstone Way
Plant City FL 33566

P.O. Box NOT acceptable

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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.

Laurie Sojourner
Signature of an officer or director

Laurie Sojourner Owner
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.

Laurie Sojourner
Signature of Registered Agent

2/6/2019
Date

If signing on behalf of an entity:

Laurie Sojourner
Typed or Printed Name

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