

P15 0000 90337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

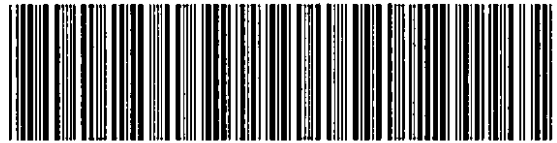
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AD2 DEVELOPMENT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P15000090337

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:

Nixaliz Martinez

Name of Contact Person

AD 1 Management Inc

Firm/Company

1955 Harrison St Ste 200

Address

Hollywood, FL 33020

City/State and Zip Code

nixaliz.martinez@ad1global.com

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

For further information concerning this matter, please call:

Nixaliz Martinez

Name of Contact Person

at ( 954 )

434-5001

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2021

NIXALIZ MARTINEZ  
1955 HARRISON ST  
STE. 200  
HOLLYWOOD, FL 33020

SUBJECT: AD2 DEVELOPMENT, INC.  
Ref. Number: P15000090337

We have received your document for AD2 DEVELOPMENT, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please sign and date the form in the spaces provided.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 921A00016319

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RECEIVED

**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: AD2 DEVELOPMENT, INC.
2. The principal office address: 1955 Harrison Street Suite 200 Hollywood, FL 33020
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/03/2015 Document number: P15000090337
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)

STANTON, A. J, JR.

201 NORTH NEW YORK AVENUE SUITE 200

WINTER PARK, FL 32789

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

STEVEN BERKELEY

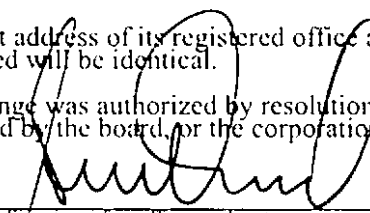
1955 HARRISON ST SUITE 200

P.O. Box NOT acceptable

HOLLYWOOD, FL 33020

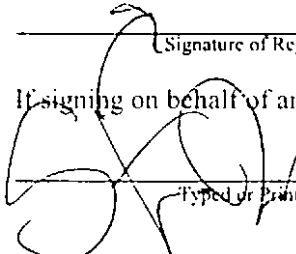
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

JOSE DANIEL BERMAN | President  
\_\_\_\_\_  
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 Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)