718000005377

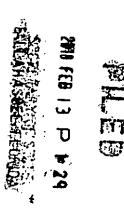
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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FEB 14 2018 T. LEANEUX ONNO

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ADEP ASSOCIATES, INC

Name of Corporation

OCUMENT NUMBER: P18000005277

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:

PHILLIP WARNER

Name of Contact Person

ADEP ASSOCIATES, INC

Firm/Company

14801 SW 18TH ST

Address

MIRAMAR/ FLORIDA, 33027

City/State and Zip Code

ADEPINC2018@GMAIL.COM

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

For further information concerning this matter, please call:

PHILLIP WARNER

Name of Contact Person

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida. | |
|-------------------------------------|--|--|
| The name of t The principal | he corporation: ADEP ASSOCIATES, INC office address: 14801 SW 18H ST MIRAMAR FL, 33027 | |
| 3. The mailing a | ddress (if different): | |
| 4. Date of incorp | poration/qualification: 01/16/2018 Document number: P18000005277 | |
| | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) | |
| | STRINGER, ALICIA J | |
| | 14801 SW 18TH ST | |
| | MIRAMAR, FL 33027 | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office WARNER, STEPHANIE A | |
| | WARNER, STEPHANIE A | |
| | 5630 NW 55TH LANE | |
| | TAMARAC FL, 33319 | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. | |
| Such change wa authorized by th | is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. | |
| P W an | re of an officer or director Phillip Warner Secretary | |
| l further agree i performance of | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change. | |
| A Nac | 18 Date 2/9/18 Date | |
| If signing on behalf of an entity: | | |
| Ty | oped or Printed Name | |

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