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	Division of Corporations	7024 TĂL
	Fax Number : (850)617-6380	·
From:		15°
	Account Name : REGISTERED AGENTS INC.	$S_{\mathbb{Z}_{+}}^{\mathbb{Z}_{+}}$ ω
. ת	Account Number : I20090000081	A A
	Phone : (307)200-2803	<u>-1</u> 1.,
	Fax Number : (813)436-5206	9: 57 ORID
Ξ.		57 Rep. 57
**Enter the	email address for this business entity to be u	•

REGISTERED AGENT CHANGE **ADMA BUSINESS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida r registered agent, or both, in the State of Florida.	
	he corporation: ADMA BUSINES		
	office address: 7901 4th St N STE		
3. The mailing a	ddress (if different): 7901 4th St	N STE 300 St. Petersburg FL 33702	
		Document number: P23000067379	
	street address of the current regitment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	FARAH, JUAN M		
	149 NE 87TH ST STE 334	205	
	EL PORTAL, FL 33138	THE T	
(if changed):	street address of the new registe	red agent (if changed) and /or registered office SEE, FLORIE	
	Northwest Registered Agent LLC		
	7901 4th St N STE 300	DRIGHT ST	
	P.O. Box NOT acceptable		
	St. Petersburg FL 33702		
The street addre as changed will	ss of its registered office and th be identical.	e street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so seen notified in writing of the change.	
Juan	Farah	Juan Farah - President	
I hereby accept I further agree t of my duties, and document is bein corporation has	e of un office or difector the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.	
Tour Norm		11/13/2024	
Signature of Registered Agent		Date	
If signing on bel	nalf of an entity:		
Taylor Newman		_	
ly	ped or Printed Name		

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