P95000027404

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Certified Copies Certificates of Status				
Special Instructions to I	Filing Officer:			
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TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations	• .
SUBJ	ECT: AD DIVECTIONS INCOVI	povated
	`	
DOCU	UMENT NUMBER: P950000 27464	
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted	for filing.
	return all correspondence concerning this matter to the following:	
	antonio = Feijoo (Name of person)	-
	Ab Sivections, Inc (Name of firm/company)	· • • • •
	(Name of this company)	•
_	6405 NW 36 St Suit	100
	Manu Fl 33166 (City/state and zip code)	i ·
	(City/state and zip code)	
For fu	rther information concerning this matter, please call:	
	Li Lia Diaz = at (305) (Name of person) (Area code &	871.0242. daytime telephone number)
Enclos	sed is a \$35.00 check made payable to the Department of State.	:
	Mailing Address:Street AddAmendment SectionAmendmenDivision of CorporationsDivision ofP.O. Box 6327409 E. GairTallahassee, FL 32314Tallahassee	Corporations es Street

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

-	rovisions of sections 607.0502, 617.0502, 6					
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.						
to change its regi	sterea office or registerea agent, or both, the	n the State of Fioriaa.	. 1			
1. The name of th	ne corporation: AD DIVECT	-ions . F	me or porated			
2. The principal of	office address: 6405 NW	362	Sv1. Te 100			
Mianu	, Fl 33106					
3. The mailing ad	ldress (if different):		1/			
·			1-7			
4. Date of incorpo	oration/qualification: 4-3-1995		P95000027464			
5. The name and : Florida Departs	street address of the current registered agen ment of State:	at and registered office on	i file with the			
-	antonio Feizo	$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{$	e e e e e e e e e e e e e e e e e e e			
-	6405 NW 36	T+ (A.	L 100 F			
-	10 5 VCC 30	21	<u> </u>			
-	Mane, F1 3	<u> </u>	2 2 1			
	street address of the new registered agent (i	f changed) and /or registe	P*-			
(if changed):	- 0 0 0	=				
_	J. Uncyel Peri	2	5° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2°			
_	6405 NW 34	St Cuit	L LOOP N			
	(P.O. Box or personal maill	pox NOT acceptable)				
	Many VI	33(10)	<u> </u>			
	s of its registered office and the street additional.		•			
Such change was	s authorized by resolution duly adopted by corporation has been notified in writing of	y its board of directors of the change.	or by an officer so authorized by			
Cinto	ine fervois	= Gutania	Feilou - Kesivent			
——— (Sig	gnature of an officer of director)	(Printed	or typed name and title)			
I hereby accept to I further agree to dutics, and I am j being filed merel been notified in v	he appointment as registered agent and a comply with the provisions of all statute familiar with and accept the obligation of y to reflect a change in the registered offi writing of this change.	gree to act in this capac s re <u>la</u> tive to the proper of f my position as register ce address, I hereby con	rity. and complete performance of my ed agent. Or, if this document is afirm that the corporation has			
D	Angel ton	= 10	-30-03			
(S	ignature of Registered Agent)	-	(Date)			
If signing on beh	alf of an entity:	- -	ì			
		* • • • • • • • • • • • • • • • • • • •	en and the second secon			
	(Typed or Printed Name)		(Capacity)			

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