Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE ADVANCED DIVING SERVICES, INC.

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## **COVER LETTER**

15129570210

TO: Amendment Section Division of Corporations Advanced Diving Services, Inc. F20000004045 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo

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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpora ir to change its registered offic	ition organized i	under the la	ws of the State of	Nevada			
	the corporation: Advanced	ζ,	C	•	7 107 Iuu.			
2. The principal	office address: 422 CHAPI					-		
BUNKER	VILLE, NV 89007					-		
•	ddress (if different):			F200	20004045	_		
4. Date of incorp	poration/qualification: 8/31/	2020	Document	number: F2000	JUUU4U45	-		
	I street address of the current r tment of State: (If resigned, er		and register	ed office on file w	vith the			
	REGISTERED AC	GENTS IN	IC					
	7901 4TH ST N STE 300							
	ST PETERSBURG,		FL	33702	<del></del>			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.								
	155 Office Plaza D		Suite A			5 P.H		
	<b>T</b> II I	P.O. Box NOT	•		- 변경 - 변경	င္မာ		
	Tallahassee	FL	3230	1		25		
as changed will					_	,		
Such change was authorized by th	as authorized by resolution du ne board, or the corporation ha	ity adopted by it as been notified	is board of a	directors or by ar of the change.	officer so			
Ist James N.	Jan	nes Nilss		President				
l herchy accept l furthér agree t of my duties, and document is bei	to of an officer of director  the appointment as registered to comply with the provisions d I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	of all statutes r ept the obligatio ance in the rec	ree to act in	ted or typed name and this capacity, the proper and contition as registere e address, I here		e s		
Hode	anguette of Registered Agent	05	5/24/202	1				
Sign	natife of Registered Agent			Date				
lf signing on bel	half of an entity:							
Mackenzie Hart,	Assistant Secretary							
ту	sped or Printed Name							