## 629672

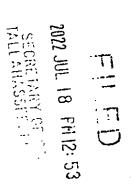
(Red	questor's Name)	<del></del>		
(Add	dress)			
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PICK-UP	WAIT	MAIL		
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Advanced Systems Design			
Name of Corporation			
DOCUMENT NUMBER: 629672			
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
John Adams			
Name of Contact Person	4-		
Advanced Systems Design			
Firm/Company	<del></del>		
2120 Killarney Way			
Address			
Tallahassee, Florida 32309			
City/State and Zip Code	<del></del>		
john.adams@asd-web.com			
E-mail address: (to be used for future annual r	report notification)		
For further information concerning this matter, ple	case call:		
John Adams	at (850 ) 385-5129 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the D	Department of State.		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	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 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of $\overline{F}$ er to change its registered office or registered agent, or both, in the State of Fi	lorida	this ——	
	the corporation: Advanced Systems Design	wita.		
	office address: 2120 Killarney Way, Tallahassee, Florida 32309			<u> </u>
3. The mailing a	address (if different): N/A			
	poration/qualification: 07/16/1979 Document number: 629672	<u> </u>		
	d street address of the current registered agent and registered office on file wit rtment of State: (If resigned, enter resigned)	h the		
	David P Healy			
	3522 Thomasville Road, 301			
	Tallahassee, Florida 32309			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	SECRE P	2022 JUL	
	David P Healy	355	8	
	2940 Kerry Forest Parkway, Suite 201	<u></u>	PM I	
	P.O. Box NOT acceptable	. '	12: 5	
	Tallahassee, Florida 32309		ω	
The street addre as changed will	ess of its registered office and the street address of the business office of its lbe identical.	registe	red ag	ent,
	as authorized by resolution duly adopted by its board of directors or by an obe board, or the corporation has been notified in writing of the change.			
- John	John Adams VICE PRE  Printed or typed name and titl	SIDE	: // ·	ī
I hereby accept I further agree to of my duties, an document is beit eorporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. I hereby the proper and composition as registered of the proper and composition as registered in gitted merely to reflect a change in the registered of the proper and composition as registered in gitted merely to reflect a change.  The provided in this change.  The provided in this change.  The provided in this change is the registered of the proper and composition as registered in the registered of the proper and composition as registered in this change.	plete pe l agent, y confir		
If signing on be	chalf of an entity:			
T	yped or Printed Name			

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