629672

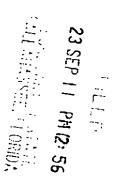
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(2.10.1100)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER -

TO:

Amendment Section Division of Corporations

4.

SUBJECT: Advanced Sytems Design, Inc. Name of Corporation	
DOCUMENT NUMBER: 629672	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
David P. Healy	
Name of Contact Person	
Dudley, Healy & Heath, PLLC	
Firm/Company	
2940 Kerry Forest Parkway, Suite 201	
Address	
Tallahassee, Florida 32309	
City/State and Zip Code	
dhealy@davidhealylaw.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ase call:
David P. Healy	at (850)222-5400 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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 inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Advanced Systems Design. Inc.	
2. The principal	office address: 2120 Killarny Way Tallahassee, Florida 32309	
3. The mailing a	nddress (if different):	
4. Date of incorp	poration/qualification: 07/16/1979 Document number: 629672	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	David P. Healy	
	294 Kerry Forest Parkway Suite 201	
	Tallahassee, Florida 32309	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	ור
	David P. Healy	
	2940 Kerry Forest Parkway, Suite 201 PO Box NOt acceptable	**************************************
	Tallahassee, Florida 32309	
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
John	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. JOHN ADAMS SR VICE PR To an officer or director To HN ADAMS SR VICE PR	ESIBER
I hereby accept I further agree i of my duties, an document is bei corporation 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 complete performance id I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the theen notified in writing of this change.	
	08/18/2023	
-	half of un-entity:	
T;	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314-3)

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

CR2E045 (04/13)