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PICK-UP	WAIT	MAIL
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TALE OF USERS AND TO

FEB 2 0
S. PRATHER

CLAS Information Services 1545 River Park Dr, STE 330, Sacramento, CA 95815 Tel: (800) 447-6237

Job Number: 481121 Date: 01/24/2024

Name: ADVANCED AMERICAN TELEPHONES, INC.

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #204415 in the amount of \$35.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Chace Gallup

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

statement of cha	nige is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statute. rganized under the laws of the State of OREGO gistered agent, or both, in the State of Florida	ON	
	the corporation: ADVANCED AMER		,	
		TON SQAURE RD, SUITE 555, TIGARD, OR 9	7223	
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: 09/28/2006	Document number: F06000006278		
5. The name and		red agent and registered office on file with the		
	COGENCY GLOBAL INC.			
	115 N. CALHOUN ST, STE 4, TALLAHASSEE, FL, 32301		1717.	
			Jan	
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	AR 51 4011-0	
	NRAI Services, Inc.):::::::::::::::::::::::::::::::::::::	
	1200 SOUTH PINE ISLAND ROAD, PLANTATION, FL 33324			
	P.O. Box NOT acceptable			
		reet address of the business office of its regisopted by its board of directors or by an office in notified in writing of the change.		
/S/ Alec Anderson ALEC ANDERSON, PRESIDEN'		ALEC ANDERSON, PRESIDENT		
	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is s been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and complete, obligation of my position as registered agen in the registered office address, I hereby con, mge.	performance t. Or, if this firm that the	
Syl	nature of Registered Agent	1/24/24		
	chalf of an entity:	Date		
0 0	man or an entity.			
BETH LYONS	yped or Printed Name			

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

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