## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

## REGISTERED AGENT CHANGE ADVANCE CAPITAL SERVICES, INC. OF MICHIGAN

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

C. LEWIS

MAY 2 0 2014

EXAMINER

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Advance Capital Services, Inc.  |
| DOCUMENT NUMBER: F1000000062   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.   |
| Please return all correspondence concerning this matter to the following:                        |
| Julie Katynski Name of Contact Person  |
| Advance Capital Services, Inc.   |
| One Towne Square Suite 444   |
| Southfield MI 48076 City/State and Zip Code  |
| jkatynski @ acadviser.com  E-mail address: (to be used for future annual report notification)    |
| E-mail address: (to be used for future annual report notification)                               |
| For further information concerning this matter, please call:                                     |
| Julie Katynski  Name of Contact Person  But (248) 350-8543  Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number                                      |
|  |

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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14 MAY 19 AM 9: 22

## SECRETARY OF STATE STATES OF REGISTERED OFFICE OR REGISTERED AGENT OR 10 A BOTH FOR CORPORATIONS

| Pursiumt to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan in order to change its registered office or registered agent, or both, in the State of Florida.   |
|---|
| 1. The name of the corporation: Advance Capital Services, Inc.  |
| 2. The principal office address: One Towne Square, Suite 444  |
| Southfield, MI 48076  |
| 3. The mailing address (if different): Same.  |
| 4. Date of incorporation/qualification: 2/1987 Document number: F1000000062   |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li></ol>   |
| Mark R. Dushane   |
| 900 Main Street, Suite 210  |
| The Villages, FL 32159  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| C T Corporation System  |
| c/o C T Corporation System, 1200 South Pine Island Road   |
| P.O. Box. NOT acceptable Plantation, Florida 33324  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.   |
| Julie Katynski Vice President Provided or typed name and take   |
| I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulies, and I am familiar with and accept the obligation of my pusition as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I liereby confirm that the corporation has been notified in writing of this change. |
| CT Corporation Supplies 5/19/2014   |
| Signature of Registered Agent Date  |
| If signing on behalf of an entity:  |
| Danijela Byers Typed or Printed Name  |
| * * * FILING FEE: \$35.00 * * *   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)