## F18000000281

(Requestor's Name)					
(Address)					
,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Gusiness Chary Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u></u>					
Special Instructions to Filing Officer:					





700308416577

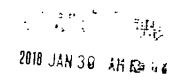
01/30/18--01013--017 \*\*35.00



## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Advanced Liquidat		
DOC	ه 000000028:ument number	Name of Corporation  1	_
The e		on to Change/Add Officer(s) and/or Director(s) a	nd fee ar
Pleaso	return all correspondence concerning the	his matter to the following:	
Ry	an Lutrario, Esq.  Name of Contact Person	<del></del>	
Ind	eglia & Associates		
300	Firm/Company Centerville Road, Suite	320 East	20,
Wa	Address  Irwick, RI 02886  City/State and Zip Code		2018 JAH 30
	rario@indeglialaw.cor		報る。
For fu	rther information concerning this matter	r, please call:	~ <b>_</b>
Rya	Name of Contact Person	at (401 ) 8869240 Area Code & Daytime Telephone Number	
Enclo	sed is a check made payable to the Flori	da Department of State for the following amount:	
ļ	\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
	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	





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

	(11ote: 11ppireable only daring the more	encircus year or question	<del></del> /		
1.	The name of the foreign corporation as it appears on the Advanced Liquidation Co. Inc.	ne records of the Florida	Department of State is:		
2.	This entity was authorized to transact business in Florida on 1/18/2018 and its Florida documnumber is F18000000281				
3.	This corporation was formed under the laws of Rhoo	le Island			
4.	The name and address of each officer and/or director is				
Title: President		Name and Address David Storm			
		118 Los Arbor Dr			
		Deland, FL 32724			
_					
			-		
			<del></del>		
_					
_					
$\sim$					
	(Attach additional pages	f necessary)	<u>.</u>		
	13-	President			
nafi	ure of an officer or director	Title of person sig	gning		

Typed or printed name of person signing

**FILING FEE \$35** 

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314