Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000025518 3)))



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To:

Division of Corporations

Fam Number : (850)817-6386

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCACOCCCCC Phone : (954)208-0845 Fax Number : (614)573-3994

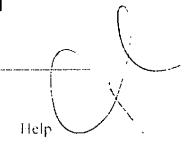
*Enter the email address for this business entity to be used for fire annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE ADVANTAGE TECHNICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	11
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Estimated Charge	843.75

Electronic Filing Menu — Corporate Filing Menu



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

statement of cha	unge is submitted for a corporation org	502, 607, (508, or 617, (508, Florida Statutes, this vanized under the loves of the State of Massachusetts istered agent, or both, in the State of Florida.
1. The amount	ADVANTAGE TECH	NICAL SERVICES, INC.
7. The mane of	Loffice address: 201 E 4th Street, Suite 8	00
2. The principal	Cincinnati, OH 45202	
3. The mailing a	address (if different):	
		Document number: 199000005602
5. The name and		d agent and registered office on file with the
	CORPORATION SERVICE COMPAN	Y
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	1023 J
6. The name and (ifchanged):	d street address of the new registered a	gent (if changed) and /or registered office I/A/SSEE, FL
	C T Corporation System	SSE 3
	1200 South Pine Island Road	
	Plantation, Florida 33324	Bux NO1 acceptable 177
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its registered agent.
Such change wa authorized by the	as authorized by resolution duly adopt he board, or the corporation has been	ed by its board of directors or by an officer so notified in writing of the change.
Signatu	ire of an officer or director	KIMBERLY BOWENS, SECRETARY Printed or typed name and title
Thereby accept I further agree of my duties, an document is bei	the appointment as registered agent a to comply with the provisions of all st id I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	nd agree to act in this capacity. attues relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
Sig	mature of Registered Agent	Date
If signing on be	rhalf of an entity:	
SEAN L. EMER	dck, assistant secretary	
T	yped or Printed Name	
	* * * FILING!	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: