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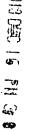
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Insurance LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Murrell

Name of Person

Advanced Insurance LLC

Firm/Company

3815 N US Highway 1 #118

Address

Cocoa, FL 32926

City/State and Zip Code

drm57fl@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Murrell

_a, 321

848-4889

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Nar	ne of the limited liability company: Advanced Insurance LLC	; 			
2 (a)		Principal office address of limited liability company:	3815 N US Highway 1 #118			
2. (u)	(4)	(Note: MUST BE STREET ADDRESS)	Cocoa FL 32926	· (<u></u>	(1794)
		<u> </u>		<u> </u>	M.	
	<i>(</i> 1.)	A C 11		12 T (2) T ₁		ferra
(b) Mailing a (<u>Note:</u> /	Mailing address of limited liability company:	3815 N US Highway 1 #118	<u> </u>	(C)	: 4	
		(Note: MAY BE POST OFFICE BOX)	Cocoa, FL 32926	<u> 014</u>	77.7	
				1, 1,	£15)	
12/	11/201	3			ettip ettip	
3.	Dat	e of filing/registration in Florida	1. Document number	-		
5. (a)	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida	Dept. of	State:	
	Registered Agent:	David Murrell				
		1.08.01.00 1.180111				
	Registered Office Address:	1525 S Hopkins Ave				
			Titusville, FL 32780			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office add	ress:		
		NEW Registered Agent:				
		NEW Registered Office Address:	3815 N US Highway 1 #118			
		(MUST BE FLORIDA STREET ADDRESS)	Cocoa	EI	22026	
			Cocoa	,Г L	32926	
and lial the the	nfirm d the bility me ope	imited liability company is not organized under the land that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) probes of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the	registere Florida lii	ed offic mited	
Pri		or typed name of signee	wee to act in this canacit	v I furth	er aar	ee to
	_/	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the promition in familiar with and accept the obligations of my poser 608 F.S. Or, if this document is being filed to mer is I hereby confirm that the limited liability company	per and complete perfort ition as registered agent ely reflect a change in th has been notified in writ	nance of as provide e registe ing of thi	my dut ded for red offi s chan	ies, in ce ge.
Sig	natúr	e of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00