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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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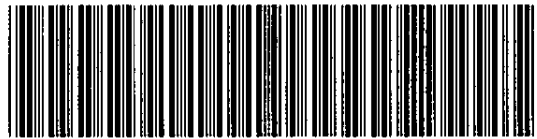
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 26 AM 11:53

T. HAMPTON

JAN 27 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AdvanTech Solutions II L.L.C.  
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:

April Williams  
Name of Person

Advantec  
Firm/Company

4890 W. Kennedy Blvd., Ste. 500  
Address

Tampa, FL 33609  
City/State and Zip Code

awilliams@advantec-hr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Williams at ( 813 ) 207-8619  
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

January 25, 2010



**Via Federal Express**

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

Re: **Change of Registered Agent**

Dear Sir or Madam:

Enclosed please find the cover letter and Statement of Change of Registered Agent to be filed for the following entities together with our company check in the amount of \$520 representing payment of the filing fees at noted:

- |   |   |
|---|---|
| 1. Agency Management, L.L.C. - \$25                         | 10. AdvanTech Solutions III, LLC - \$25         |
| 2. Agency Solutions of Georgia, L.L.C. - \$25               | 11. AdvanTech Solutions IV, LLC - \$25          |
| 3. AdvanTech Solutions Insurance, L.L.C. - \$25             | 12. AdvanTech Solutions VI, LLC - \$25          |
| 4. AdvanTech Solutions Payroll Services, L.L.C. - \$25      | 13. AdvanTech Solutions VII, LLC - \$25         |
| 5. HR Agency, L.L.C. - \$25                                 | 14. TalTech Resources, L.L.C. - \$25            |
| 6. Advantec ASO, LLC - \$25                                 | 15. Advantec 9, LLC - \$25                      |
| 7. Advantec Risk Management Consulting Services, LLC - \$25 | 16. Advantec 10, LLC - \$25                     |
| 8. AdvanTech Solutions I, L.L.C. - \$25                     | 17. Advantec 11, LLC - \$25                     |
| 9. AdvanTech Solutions II, L.L.C. - \$25                    | 18. Advantec 12, LLC - \$25                     |
|   | 19. ASI V, Ltd. - \$35                          |
|   | 20. Agency Solutions International, Inc. - \$35 |

Should you have any questions or need additional information, please do not hesitate to contact me at (813) 207-8619.

Sincerely,

April M. Williams  
Licensing Specialist

**Enclosures**

P:\Legal\Corporate Governance\Change of FL RA - Robbins to Smolinski - 1-2010\Letter to Div Corp - File Change of RA forms & fee.doc

**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. Name of the limited liability company: AdvanTech Solutions II L.L.C.

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☐ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: \_\_\_\_\_

☐ (Note: **MAY BE POST OFFICE BOX**)

11/21/03  
3. Date of filing/registration in Florida

103040648885  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Kimberley A. Robbins, Esq.

Registered Office Address: 4890 W. Kennedy Blvd., Ste. 500  
Tampa, FL 33609

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Robert A. Smolinski

**NEW** Registered Office Address: \_\_\_\_\_  
**(MUST BE FLORIDA STREET ADDRESS)** \_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dianna Sheppard  
Signature of a member or authorized representative of a member  
By: Agency Solutions International, Inc., Managing Member  
By: Dianna Sheppard, Its President  
Printed or typed name of signee

*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 duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

R. A. Smolinski  
Signature of Registered Agent

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

FILED  
JAN 26 AM 11:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS