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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Advantech Solution Name of Limited	ns Insurance L.L.C. I 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 m	atter to the following:	
A marit NACHI mana		
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 (at	813) 207-8619	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fec	\$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
- 2. Agency Solutions of Georgia, L.L.C. \$25
- 3. AdvanTech Solutions Insurance, L.L.C. -
- 4. AdvanTech Solutions Payroll Services, L.L.C. \$25
- 5. HR Agency, L.L.C. \$25
- 6. Advantec ASO, LLC \$25
- Advantec Risk Management Consulting Services, LLC - \$25
- 8. AdvanTech Solutions I, L.L.C. \$25
- 9. AdvanTech Solutions II, L.L.C. \$25

- 10. AdvanTech Solutions III, LLC \$25
- 11. AdvanTech Solutions IV, LLC \$25
- 12. AdvanTech Solutions VI, LLC \$25
- 13. AdvanTech Solutions VII, LLC \$25
- 14. TalTech Resources, L.L.C. \$25
- 15. Advantec 9, LLC \$25
- 16. Advantec 10, LLC \$25
- 17. Advantec 11, LLC \$25
- 18. Advantec 12, LLC \$25
- 19. ASI V, Ltd. \$35

April M. Williams

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: <u>Hovavil</u>	ech solutions Insurance L.L.C	
2. (a) Principal office address of limited liability compan	y:	
(Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
11/21/03	LØ30000 48892	
3. Date of filing/registration in Florida	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 NE	W 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 votes 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.		
Signature of a member of authorized representative of a member By: Agency Solutions International, Inc., Managin	- 26 CAR	
By: Dianna Sheppard, Its President Printed or typed name of signee	H N S	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	garee to act in this canacity. I further three - 151	
Signature of Registered Agent		

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