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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JAN 27 2010

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: <u>AdvanTech Soluti</u> Name of Limi	ons VII L.L.C.	
Name of Limi	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
April Williams Name of Person		
Tunio di Petson		
Advantec Firm/Company	·	
го лиршу		
4890 W. Kennedy Blvd., Ste. 500		
Addiess		
Tampa, FL 33609		
City/State and Zip Code		
awilliams@advantec-hr.com		
awilliams@advantec-hr.com E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, p	lease call:	
	(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	

TO: Registration Section

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
- AdvanTech Solutions Insurance, L.L.C. -\$25
- 4. AdvanTech Solutions Payroll Services, L.L.C. \$25
- 5. HR Agency, L.L.C. \$25
- 6. Advantec ASO, LLC \$25
- 7. 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 Welliams

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:	inTech Solutions VII L.L.C.
2. (a) Principal office address of limited liability cor	mpany:
(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	LØ3 ØØ ØØ 4 8 8 9 3 4. Document number
5. (a) Registered Agent and Registered Office show	n 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/o	r NEW Registered Office address:
<u>NEW</u> Registered Agent:	Robert A. Smolinski
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability com	the Florida street address of the registered flicential. Or in the case of a Florida limited.
Signature of a member or authorized representative of a member By: Agency Solutions International, Inc., Ma	naging Member PHI2: 6
By: Dianna Sheppard, Its President Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the similar liability con Signature of Registered Agent	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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