## L04000063798

(Re	questor's Name)			
	<u> </u>			
(Ad	ldress)			
(Address)				
(Cit	y/State/Zip/Phone	» #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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Special Instructions to Filing Officer:				
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## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Licensed Pro Advantage, LLC		
,	(Name of I	Limited Liability Company)	
	closed Articles of Amendment and fee(s) are steturn all correspondence concerning this matter	transis i <del>-</del>	
	Daniel Douros	g.	
		(Name of Person)	<del></del>
		(Firm/Company)	5 JUII SECAN
	1915 Coles Rd		13 HASS
		(Address)	ASSEE, FLORII
	Clearwater Florida 33755		
	(Cit	y/State and Zip Code)	
For fur	her information concerning this matter, please	e call:	
	Daniel Douros	at (813 ) 416-05	
	(Name of Person)	(Area Code & Daytir	ne Telephone Number)
Enclosed	l is a check for the following amount:		
<b>Ź</b> \$25.0	0 Filing Fee \$\Bigcup \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

## 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. The name of the limited liability company is:	Accelevate, LLC (form. Licensed P	ro Advantage)		
2. The mailing address of the limited liability co				
8/27/2004	L04000063798			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered agent and the registered Department of State:  Mark A. Schoeppne	stered office address as shown on the reco	ords of the		
Tampa, FL 33617	Name rive Address State and Zip	05 JUL		
6. The name and address of the new registered agent and/or office:				
Daniel Lane Douros	s n			
1915 Coles Rd	Name OR			
Florida street address	s (P.O. Box NOT acceptable)			
Clearwater	FL 33755			
City, S	State and Zip			
If the limited liability company is not organized a confirmed that after the change or changes are m and the business office of the registered agent wi liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability company.	under the laws of the State of Florida, it is nade, the Florida street address of the regional be identical. Or, in the case of a Florida change(s) was/were authorized by an affas otherwise provided in the articles of orompany.	s hereby stered office la limited irmative vote of rganization or		
(Signature of a member or authorized representative of a membe	er)			
Daniel Douros				
(Printed or typed name of signee)				
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability	gent and agree to act in this capacity. If e to the proper and complete performanc is of my position as registered agent as pi filed to merely reflect a change in the reg ty company has been notified in writing o	urther agree to e of my duties, ovided for in istered office f this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)