

L050000061230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

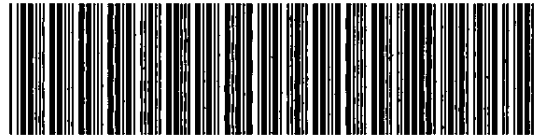
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2007 JUN 20 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Charles H. Sanford Law Offices, P.L.

3003 Cardinal Drive, Suite B

Vero Beach, FL 32963

Phone (772) 492-1695

Fax (772) 492-1697

June 13, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Letter Number 307A00037863/Reference Number L05000061230

To Whom It May Concern:

Enclosed is a check for \$30.00, plus documents changing the articles of organization and the registered agent for Advanced Senior Protection Services, LLC. We have already sent in one check for \$30.00 which is being held by you. The enclosed check brings the balance to \$60.00 paid which is sufficient for the recording of the two enclosed documents.

Sincerely,



Charles H. Sanford

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Senior Protection Services, 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:

William Massi III

(Name of Person)

Advanced Senior Protection Services, LLC

(Firm/Company)

841 Salem Avenue

(Address)

Sebastian, FL 32958

(City/State and Zip Code)

For further information concerning this matter, please call:

William Massi III

(Name of Person)

at (407) 252-0977

(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. The name of the limited liability company is: Advanced Senior Protection Services, LLC

2. The mailing address of the limited liability company is : 2306 S.W. 17th Street, Cape Coral, Florida
33991

06/21/2005

L05000061230

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joseph Nuzzi

Name

2306 S.W. 17th Street

Address

Cape Coral, FL 33991

City, State and Zip

6. The name and address of the new registered agent and/or office:

William Massi III

Name

841 Salem Avenue

Florida street address (P.O. Box **NOT** acceptable)

Sebastian

FL 32958

City, State and Zip


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.


(Signature of a member or authorized representative of a member)

William Massi III, Sole Member

(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.


(Signature of Registered Agent)

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

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TALLAHASSEE, FLORIDA