

L06000033939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

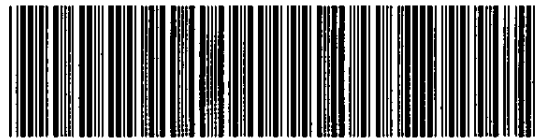
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 26 PM 12:11

T. HAMPTON

JAN 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advantec 9, 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:

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: Advantec 9, LLC

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)

3/31/06
3. Date of filing/registration in Florida

L06000033939
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
10 JAN 26 PM 12:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS