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T. HAMPTON

JAN 2 7 2010

EXAMINER

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT		LLC imited Liability Company	 -
	tvarile of h	inned Liability Company	
Dear Sir o	Madam:		
The enclos	ed Registered Agent/Registered (ffice Change and fee(s) are subn	nitted for filing.
Please retu	rn all correspondence concerning	his matter to the following:	
	April Williams		
	Name of Person		
	Advantec		
	Firm/Company		
	4890 W. Kennedy Blvd., Ste.	00	
	Tampa, FL 33609 City/State and Zip Code		
F-mail:	awilliams@advantec-hr.cor	tification)	
	information concerning this matt		
	April Williams	\	7-8619
	Name of Person	Area Code & Daytime Te	lephone Number
ST	REET/COURIER ADDRESS:	MAILING ADDRESS:	
	gistration Section	Registration Section	
Div	ision of Corporations	Division of Corporations	
	fton Building	P.O. Box 6327	
	1 Executive Center Circle lahassee, Florida 32301	Tallahassee, Florida 323	14
Enclosed is a check for the following amount:			
✓ :	\$25 Filing Fee	\$55 Filing Fee & Cert	ified Copy

 $\mathcal{A}^{(k)} = \left(\mathbf{x} \cdot \mathbf{N} - \mathbf{y} \right)^{k} = \frac{\mathbf{N}}{2}$

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. \$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

SprilM William

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. Nam	e of the limited liability company: <u>Advant</u>	ec 10, LLC
2. (a) P	Principal office address of limited liability company	:
	(Note: MUST BE STREET ADDRESS)	·
(b) N	Mailing address of limited liability company:	
	(Note: MAY BE POST OFFICE BOX)	
	3/31/06	LØ6000033975
3. Date	of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
I	Registered Agent:	Kimberley A. Robbins, Esq.
Ī	Registered Office Address:	4890 W. Kennedy Blvd., Ste. 500 Tampa, FL 33609
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	V Registered Office address: Robert A. Smolinski
	NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	.FL
confirme and the liability of the m or the op Signature of By: Age	mited liability company is not organized under the led that after the change or changes are made, the Fl business office of the registered agent will be identicompany, it is hereby confirmed that the change(s) tembers of the limited liability company or as other perating agreement of the limited liability company. I anne of a member or authorized representative of a member ency Solutions International, Inc. Managing By: Dianna Sheppard, Its President typed name of signee	aws of the State of Florida, it is hereby orida street address of the registered offices. CR. or, in the case of a Florida limited was/were authorized by an affirmation voice wise provided in the articles of organization of the provided of o
<u></u>	y accept the appointment as registered agent and as with the provisions of all statutes relative to the pron familiar with and accept the obligations of my pose 608, F.S. Or, if this document is being filed to mer, I hereby confirm that the limited liability company of Registered Agent	per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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