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(Requestor's Name) (Address)	300166968553
(Address) (City/State/Zip/Phone #)	01/26/1001020003 **520.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECRETARY OF DIVISION OF CORP 10 JAN 26 PH
Office Use Only	PH 12: 14
	T. HAMPTON JAN 2 7 2010



COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: <u>Advantec</u> 11, 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:

<u>April Williams</u> 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 Name of Person

at (813

_____) _____207-8619 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:



\$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
- 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
- Advantec Risk Management Consulting Services, LLC - \$25
- 8. AdvanTech Solutions I, L.L.C. \$25
- 9. AdvanTech Solutions II, L.L.C. \$25
- AdvanTech Solutions III, LLC \$25
 AdvanTech Solutions IV, LLC \$25
 AdvanTech Solutions VI, LLC \$25
 AdvanTech Solutions VII, LLC \$25
 Advantech Resources, L.L.C. \$25
 Advantec 9, LLC \$25
 Advantec 10, LLC \$25
 Advantec 11, LLC \$25
 Advantec 12, LLC \$25

Your People, Our Focus.

Should you have any questions or need additional information, please do not hesitate to contact me at (813) 207-8619.

Sincerely,

April M. Welcom

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

4890 W. Kennedy Boulevard, Suite 500 Tampa, FL 33609

813-289-9442 Main 813-636-8238 Fax 877-ADVANTEC Toll-free www.advantec-hr.com

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.

A live 1	11 1 1	
1. Name of the limited liability company: <u>Advant</u>	$c \perp$, LLC	
2. (a) Principal office address of limited liability company		
(<u>Note: MUST BE STREET ADDRESS</u>)		
(b) Mailing address of limited liability company:		
(<u>Note: MAY BE POST OFFICE BOX</u>)		
3/31/00	LØ6000033975	
	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he 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	
(IN THE CONTINUE OF A contend of the NEW	V Desistand Office address	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		
NEW Registered Agent:	Robert A. Smolinski	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	,FL	
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the FI and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company <u>signature of a member or authorized representative of a member</u> By: Agency Solutions Internations, Fnc. Managur By: Dianna Sheppard, Its President Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my po- Chapter 608, F.S. Or, if this document is being filed to mel address, I hereby confirm that the limited liability company Signature of Registered Agent	orida street address of the registered office ical. Or, in the case of a Florida linged of was/were authorized by an affirmative volu- wise provided in the articles of organization of Member of Member gree to act in this capacity. I further agree per and complete performance of my duties, sition as registered agent as provided for in rely 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		

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FILING FEE: \$25.00

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