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Account#: I20000000088

Date:	02/12/2019	
	Chris Vick	
Referenc	ne #:1046079	_
Entity Na	me: ADVANTAGE TESTING	OF SOUTHERN FLORIDA, LLC
☐ Ar	ticles of Incorporation/Authorization	to Transact Business
☐ Ar	mendment	
₽ CH	nange of Agent	
☐ Re	einstatement	
☐ Cc	onversion	
	erger	
☐ Di	ssolution/Withdrawal	
☐ Fid	ctitious Name	
☐ Ot	her	
Authorize Signature	ed Amount: \$25	<del></del>

F: +852.2682.9790

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Name of the limited liability company:	Name of the limited liability company: Advantage Testing of Southern Florida, LLC				
a) 2499 Glades Road, Suite 306, Boca Rat	on, FL 33431	(b) 704	0 W. 107th Street, \	North, IL 60482-121	
Principal office address of limited liability (Nate: MUST BE STREET ADDR				failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
11/09/2006			L060001	09535	
Date of filing/registration in Flo	rida	4,	Document num	ber	
C T Corporation	ı System				
(a) Registered Agent and Registered Office shown on		Florida Dept.	of State:		
1200 South Pine Island Road					
Registered Office Address (MUST BE FLOR			<del></del>		
	_			2018 S.C. TALL	
	, FL		<del></del>		
cogency glo	BALINC.			FEB 12 CRE JAN LAHASS	
Enter name of NEW Registered Agent and/or NE	W Registered Of	Ree address:		12 188E	
115 North Calhoun S	Street, Suite 4		<del></del>	FLG. 3	
NEW Registered Office Address:				1 8: 10 SÍAIL FLORIDA	
Tallahassee		32301			
e limited liability company is not organized change or changes are made, the Florida strent will be identical. Or, in the case of a Flori/were authorized by an affirmative vote of that icles of organization or the operating agre	et address of th ida limited liabi ie members of t	e registered lity compan he limited li	office and the busine y, it is hereby confirm jability company or as	ss office of the register ned that the change(s) s otherwise provided in	
mature of a member or authorized representative of a	nature of a member or authorized representative of a member			Printed or typed name of signec	
reby accept the appointment as registered a visions of all statutes relative to the proper a obligations of my position as registered ages ereby reflect a change in the registered office	gent and agree nd complete pe nt as provided f	to act in the rformance o or in Chapte	is capacity. I further of my duties, and I am er 605, F.S. Or, if this that the limited light	agree to comply with the familiar with and access a document is being file lity company has been	
ified in writing of this ahange.	e address, I hei	zoy conjirii	THE STATE STATE		