## L08000011585

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| PICK-UP                 | WAIT              | MAIL            |
|                         |                   |                 |
| (Business Entity Name)  |                   |                 |
| ·                       |                   |                 |
| (Document Number)       |                   |                 |
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| Certified Copies        | Certificates      | of Status       |
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| Special Instructions to | Filing Officer:   |                 |
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SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |
|--|---|--|
| SUBJECT: Advanced C  | Claim & Inspection Services, LLC 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  | ig this matter to the following:  |  |
| Thomas A Preziuso  |   |  |
| Name of Person   | ₩ >   |  |
| Advanced Claim & Inspection Ser  | vices, LLC SEGRETARY ALLAHASSEE   |  |
| Firm/Company   | SSE 4 F   |  |
| 4070 Dahasaa Daire   | SSEE FLOR   |  |
| 1972 Rebecca Drive Address   | OF STATE OF CORRESPONDED  |  |
| Clearwater, Florida 3376 City/State and Zip Code   | 4   |  |
| tpreziuso@gmail.com E-mail address: (to be used for future annual repor  | t notification)   |  |
| For further information concerning this ma   | itter, please call:   |  |
| Thomas A Preziuso  Name of Person  | at ( 407 ) 704-9846  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 follow   | ing 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. Name of the limited liability company: <u>Advanced</u>  | Claim & Inspection Services, LLC   |  |  |
|--|--|--|--|
| 2. (a) Principal office address of limited liability company   | : 1972 Rebecca Drive   |  |  |
| (Note: MUST BE STREET ADDRESS)   | Clearwater, Florida 33764  |  |  |
| (b) Mailing address of limited liability company:  | 1972 Rebecca Drive   |  |  |
| (Note: MAY BE POST OFFICE BOX)   | Clearwater, Florida 33764  |  |  |
| January 30, 2008   | L08000011585   |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number   |  |  |
| 5. (a) Registered Agent and Registered Office shown on t   | •  |  |  |
| Registered Agent:  | Thomas A Preziuso  |  |  |
| Registered Office Address:   | 1359 Highfield   |  |  |
| •  | Clearwater, Florida 33764  |  |  |
|  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Thomas A Preziuso   |  |  |  |
| NEW Registered Agent:  | Thomas A Preziuso  |  |  |
| NEW Registered Office Address:   | 1972 Rebecca Drive   |  |  |
| (MÜST BE FLORIDA STREET ADDRESS)   | Clearwater St. 33764   |  |  |
|  | 23 · U   |  |  |
| If the limited liability company is not organized under the laws of the State of Florida, it 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 |  |  |  |
| Thomas A Preziuso 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 provisions of all statutes relative to the provision of any positive to the provision of any positive body F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company Signature of Registered Agent   | gree to act in this capacity. I further agree to sper 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 FILING FEE: \$25.00

INHS18 (05/08)