## L08000017894

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP .WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
A. LUNT							
DEC -8 2009							

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations					•		
		<b>-</b>		<b>^</b>				
·SUBJ	ECT: Advanced Name of			y Compai			<del></del>	
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered	Office	Change a	nd fee(s)	are submitted	for filing.		
Please	e return all correspondence concernin	g this n	natter to the	he follow	ing:			
	Michael W. Hoffman							
	Name of Person							
	Advanced Engineering Consulta	ınts LL	C	-		ABOAT WAS	2009 DEC -7	6.20 
	2940 Pomello Rd						7 PH	а. Сма 3.
	Address			•		Med Med		7
						2E	မှာ	****
	Grant Valkaria, El. 32950	<b>1</b>				A L	44	
-	Grant-Valkaria, FL 32950 City/State and Zip Code	<i>.</i>		•				
	engr.consultants@yahoo.c	om						
E	-mail address: (to be used for future annual report	notification	on)					
For fu	orther information concerning this ma	tter, ple	ase call:					
	Michael W. Hoffman	at (_	321	)	794-646			
	Name of Person		Aı	rea Code & I	Daytime Telephone	e Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O.	tration Section of Cor Box 6327 hassee, Flo	ction			
	Enclosed is a check for the follow	ing am	ount:					
	\$25 Filing Fee		\$55	Filing Fe	e & Certified	Сору		

## 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.

Name of the limited liability company:Advan	ced Engineering Consu	iltants LLC				
2. (a) Principal office address of limited liability compar	ny: 2940 Po	y: 2940 Pomelio Rd				
_[✓] ( <u>Note: MUST BE STREET ADDRESS</u> )	Grant-Valkaria, FL 3295	0				
(b) Mailing address of limited liability company:	Advanced Engine	ering Consultants				
(Note: MAY BE POST OFFICE BOX)	2940 Pomelio Rd Grant-Valkaria, FL 32950					
February 19, 2008	L080000178	394				
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida De	ept. of State:				
Registered Agent:	Corporation Service Cor	ppany 23				
Registered Office Address:						
		7 - 1				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addre					
NEW Registered Agent:	Michael W. Hoffman	<u>မှ မှ မြှု</u>				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2940 Pomello Rd					
· · · · · · · · · · · · · · · · · · ·	Grant-Valkaria	,FL <u>32950</u>				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the re	egistered office				
Michael W. Hoffman						
Printed or typed name of signee	<del></del>					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability comparation.	agree to act in this capacity. roper and complete performa osition as registered agent as verely reflect a change in the r ny has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.				
Signature of Registered Agent						

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