

L080000024217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

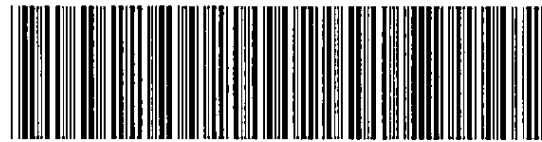
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IN CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 AUG -7 PM 2:30

RA Change (Office)

AUG 09 2019

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADVANTAGE TENANT LEASING, 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:

JILL LACHE

\_\_\_\_\_  
Name of Person

ADVANTAGE TENANT LEASING LLC

\_\_\_\_\_  
Firm/Company

14333 BROKEN WING LANE

\_\_\_\_\_  
Address

PALM BEACH GARDENS, FL 33418

\_\_\_\_\_  
City/State and Zip Code

JILL@ADVANTAGETL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL LACHE

561

212-6686

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG - 7 PM 2:30



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2019

JILL LACHE  
ADVANTAGE TENANT LEASING LLC  
14333 BROKEN WING LANE  
PALM BEACH GARDENS, FL 33418

SUBJECT: ADVANTAGE TENANT LEASING, LLC  
Ref. Number: L08000024217

We have received your document for ADVANTAGE TENANT LEASING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records the current registered agent is Joel Martin McTague and not Jill Lache. Please make the appropriate corrections.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 519A00014744

2019 AUG -7 AM 10:04

RECEIVED

*Please see  
attaches  
signs letter  
Thank you.  
Jill*

**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.*

1. Name of the limited liability company: ADVANTAGE TENANT LEASING, LLC

2. (a) 14333 BROKEN WING LANE (b) 12848 HYLAND CIRCLE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

PALM BEACH GARDENS, FL 33418

BOCA RATON, FL 33428

03/06/2008

L08000024217

3. Date of filing/registration in Florida

4. Document number

5. (a) JOEL MARTIN MCTAGUE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7805 S.W. 6<sup>TH</sup> COURT

PLANTATION, FL 33324

(b) JILL LACHE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

14333 BROKEN WING LANE

PALM BEACH GARDENS, FL 33418

If the limited liability company is not organized under the laws of the State of Florida, it is 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

Jill Lache

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

19 AUG - 7 PM 2:30  
DIVISION OF STATE  
CORPORATIONS