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

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SEURE JANY OF STATE

B. BOSTICK

JAN 7 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora									
SUB.	JECT:	Advand	ced Te	elcom	& Cor	sulting	g	·····		_
		Name of I	Limited	Liabili	ty Comp	pany				
Dear	Sir or Madam:									
The e	enclosed Registered Ap	gent/Registered (Office C	Change	and fee(s) are su	ubmitted	for filir	ıg.	
Pleas	e return all correspond	lence concerning	this m	atter to	the follo	wing:				
	Roge	er Geimer			_					
	Name	of Person								
		com & Consult	ing	- ** **						
•	<i>t</i> 1111/C	onpany								
	•	akota Lane			_			TALI	=======================================	
	Add	ress						CRE AH	JAN -7	
	Ct Cla	J FL 24700						RE LARY OF STATE AHASSEE, FLORID	-7	24523500 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		id, Fl. 34769 and Zip Code			_				ס	1
	City/state	and Zip Code						700	<u> </u>	
								SRZ.	PM 4: 13	
	roger@adval E-mail address: (to be used for	ncedtelcomfl.co	om potificatio	in)	_			ᅙ	ယ	
	z-man address, (to be used for	ruture annuar report t	nomicano	,,,,						
For f	urther information con	cerning this matt	ter, plea	ise call:						
	Roger Gein	ner	at (407)		891650	0		
	Name of Person		_ `	- /	Area Code	& Daytim	e Telephon	e Number		_
	STREET/COURIER	ADDDESS.		МЛА	ILING A	nnbr	ee.			
	Registration Section	ADDRESS:			istration		33.			
Division of Corporations Division of Corporations				ons						
	Clifton Building	JIIG .			Box 632	-	CHS			
	2661 Executive Cente	r Circle			ahassee,		32314			
	Tallahassee, Florida 3									
	Enclosed is a check	for the following	ng amo	unt:						
	\$25 Filing Fee			\$5:	5 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:	Advanced	dvanced Telcom & Consulting					
2. (a) Principal office address of limited liability cor	mpany:	239	2395 Lakota Lane				
(Note: MUST BE STREET ADDRESS)							
	St. C	loud, Fl. 34769	9				
(b) Mailing address of limited liability company:		PO BOX 420)876				
(Note: MAY BE POST OFFICE BOX)	Kissir	Kissimmee, Fl. 34742					
1/4/11		L09000	0091802				
3. Date of filing/registration in Florida	4. Doc	cument number					
5. (a) Registered Agent and Registered Office show	da Dept. of State:						
Registered Agent:	Roge	r Geimer					
Registered Office Address:		Lakota Lane					
	St. Cl	oud, Fl. 34769	<u>) </u>				
 (b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: 	r <u>NEW Registered Office address</u> : Roger Geimer 2395 Lakota Lane						
(MUST BE FLORIDA STREET ADDRESS)							
	St. C	loud	,FL <u>34769</u>				
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company of a member of a member of the limited liability company with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the limited liability confirmature of Registered Agent Comply with the provisions of all statutes relative to the address, I hereby confirm that the limited liability confirmature of Registered Agent	the Florida stridentical. Ornge(s) was/wrotherwise propany.	treet address of r, in the case of rere authorized b rovided in the ar	the registered office a Florida limited wan affirmative vote tides of organization ANASSEE. FLORE				