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A. BUTLER AUG - 8 2022

COVER LETTER

	gistration Section rision of Corporations		
SUBJECT:	ADVANCED PEO SOLUTIONS.	LLC	
	N	ame of Limited L	iability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered O	Mice Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning t	his matter to the	following:
T. KELLY M	MULLIS		
	Name of Person		
ADVANCEI	D PEO SOLUTIONS, LLC		
	Firm/Company		
1820 E. EDG	GEWOOD DRIVE		
	Address		_
LAKELAND), FLORIDA 33803		
, <u> </u>	City/State and Zip Code		
KELLY@AI	DVANCEDPEO.COM		
E-mail	address: (to be used for future an	nual report notif	ication)
For further i	nformation concerning this matte	r, please call:	
T. KELLY M	IULLIS	877 at (518-2881
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following	g amount:	
≅ \$:	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy
INHS18 (2/14	()		

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.

Na	ame of the limited liability company: ADVANCED Pl	EO SO	LUTIONS, L	rc				
?. (a)	ADVANCED PEO SOLUTIONS, LLC		(b) ADVA	NCED PEO SC	CED PEO SOLUTIONS, LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) EDGEWOOD DRIVE			
	1820 E. EDGEWOOD DRIVE		1820 E.	EDGEWOOD				
	LAKELAND, FLORIDA 33803	<u> </u>	LAKEL	AND, FLORID	A 33803			
	07/29/2011		L110000	87400				
(a)	Date of filing/registration in Florida JEFFREY T THOMPSON	_ 4.		Document i	number			
(a)	Registered Agent and Registered Office shown on the records of ADVANCED PEO SOLUTIONS, LLC	the Flo	rida Dept. of S	Stare:				
	Registered Office Address (MUST BE FLORIDA STREET 1820 E. EDGEWOOD DRIVE	ADDR	ESS)	_				
	LAKELAND FI	3380	3	 -	<u>0</u> 5	20		
o)	T. KELLY MULLIS				TALL	20 22 A UG	on an	
-,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		25	1	Garante Garant	
	ADVANCED PEO SOLUTIONS, LLC				ASSA HO YO	5 AM		
	NEW Registered Office Address:				S			
	1820 E. EDGEWOOD DRIVE				AIK	9: 01		
	LAKELAND , FI	3380	; 					
ge t we rtic	or changes are made, the Florida street address of the or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited has re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ure of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered agent as provided to the proper and complete to the proper and complete gations of my position as registered agent as provided to the proper and complete t	regist ability of the limite	cred office a company, it imited liability co	and the busines t is hereby con- lity company o ompany. Celly Printed or typ	ed name of si	the re the cl vise pr S	gistered nange(s) rovided in	
eret visio obli nere ified	1	ee to i perfoi I for i tereby	an in this as	manin. I final			oly v and bei has	