11000087447

(Reques	tor's Name)	
(Address	s)	
(Address	s)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busines	s Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



200391904812

17/05/20 9199 907 9925.80

2022 AUG -5 AM 9: 12 ENGREDANY OF STATE TALLAHASSEE, FL

-S. HID -5 PH 12:

北田のガスシープ

A. BUTLER AUG - 8 2022

COVER LETTER

Division of Corporations	
ADVANCED PEO SOLUTIONS II, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing,
Please return all correspondence concerning this matter	er to the following:
T. KELLY MULLIS	
Name of Person	
Name of Person	
ADVANCED PEO SOLUTIONS II, LLC	
Firm/Company	
1820 E. EDGEWOOD DRIVE	
Address	
LAKELAND, FLORIDA 33803	
City/State and Zip Code	
KELLY@ADVANCEDPEO.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
	518-2881
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
■ S25 Filing Fee	☐ \$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.

1. N	ame of the limited liability company: ADVANCED PEG	O SOLUTIO	ONS II, LLC		
2. (a)	ADVANCED PEO SOLUTIONS II, LLC	_ (b) _	(h) ADVANCED PEO SOLUTIONS II, LLC		
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~)_	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y:	
	1820 E. EDGEWOOD DRIVE	18	820 E. EDGEWOOD DRIVE		
	LAKELAND, FLORIDA 33803		LAKELAND, FLORIDA 33803		
	07/29/2011	L11	1000087447		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	JEFFREY T THOMPSON				
J. (=)	Registered Agent and Registered Office shown on the records of the ADVANCED PEO SOLUTIONS II, LLC		ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A 1820 E. EDGEWOOD DRIVE	<u>DDRESS)</u>			
	LAKELAND , FL	33803			
(b)	T. KELLY MULLIS		2022 AUG SECRETALLA		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres		7	
	ADVANCED PEO SOLUTIONS II, LLC		SET A		
	NEW Registered Office Address:				
	1820 E. EDGEWOOD DRIVE		12		
	LAKELAND, FL	33803			
change agent was/w the art Signa I here provis the obito mer notified	imited liability company is not organized under the law e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he is the writing of this change.	registered o bility compa f the limited imited liabi	office and the business office of the registere pany, it is hereby confirmed that the change(seed liability company or as otherwise provided polity company. The Multiple Printed or typed hame of signee	d s) in	