L11000087457

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

Office Use Only



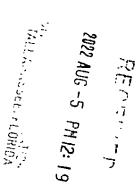
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A. BUTLER AUG - 9 2022

COVER LETTER

	stration Section sion of Corporations						
SUBJECT:	ADVANCED PEO SOLUTIONS III, LLC						
SOBULCI.	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	Registered Agent/Registered Office Char	age and fee(s) are submitted for filing					
r rease return	all correspondence concerning this matte	r to the following:					
T. KELLY M	ULLIS						
	Name of Person						
A DV A NOED	PEO COLUTIONO VIVA						
ADVANCED	PEO SOLUTIONS III, LLC						
	Firm/Company						
1820 E. EDGI	EWOOD DRIVE						
	Address						
LAKELAND,	FLORIDA 33803						
	City/State and Zip Code						
KELLY@AD	VANCEDPEO.COM						
E-mail	address: (to be used for future annual repo	rt notification)					
For further in	formation concerning this matter, please of	eall:					
T. KELLY M	ULLIS 8	77 518-2881					
	Name of Person) Area Code & Daytime Telephone Number					
Mail	ing Address:	Street Address:					
Regi	stration Section	Registration Section					
	sion of Corporations	Division of Corporations					
=	Box 6327	The Centre of Tallahassee					
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					
Enclo	osed is a check for the following amoun	::					
■ \$2	5 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.

l. Na	me of the limited liability company: ADVANCED PI	EO SOLU	TIONS III, L	LC			
2. (a)	ADVANCED PEO SOLUTIONS III, LLC	(1	(b) ADVANCED PEO SOLUTIONS III, LLC				
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)				
	1820 E. EDGEWOOD DRIVE		1820 E. ED	GEWOOD DR	RIVE		
	LAKELAND, FLORIDA 33803		LAKELAND, FLORIDA 33803				
	07/29/2011		L110000874	57			
3.	Date of filing/registration in Florida	 4.		Document nui	mber		<u> </u>
5. (a)	JEFFREY T THOMPSON						
, (u)	Registered Agent and Registered Office shown on the records of ADVANCED PEO SOLUTIONS III, LLC	the Florida	Dept. of State	:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1820 E. EDGEWOOD DRIVE				SEGNE	2022 AUG	
	LAKELAND , FI	33803				ც -5	distants
(b)	T. KELLY MULLIS				60 60 60 60 7	AM	
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:		15 N	7: 5	ريي
	ADVANCED PEO SOLUTIONS III, LLC					55	
	NEW Registered Office Address:						
	1820 E. EDGEWOOD DRIVE						
	LAKELAND , FL	33803					
thange igent w was/we he artic	or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of the organization or the operating agreement of the floridal improvement of the flor	registere ability co of the lim	d office and mpany, it is ited liability	the business of hereby confin- company or a	office of the	ie regis	stered
he obli o mere otified	y accept the appointment as registered agent and agroups 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 office address, I have a complete the property of th	ee to act performe d for in () hereby co	in this capac ince of my di hapter 605, nfirm that th	city. I further uties, and I an F.S. Or, if th ne limited liab	agree to c n familiar is documen ility compo	omply with ar it is be any ha	with the ad accept ing filed s been