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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(8)	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
		-
Special Instructions to	Filing Officer:	

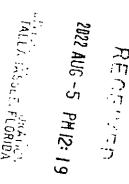
Office Use Only



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SECREMAN OF STATE



A. BUTLER AUG - 8 2022

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	ADVANCED PEO SOLUTIONS	IV, LLC	
Name of Limited Liability Company			Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to the	following:
T. KELLY M	AULLIS		
	Name of Person		
ADVANCE	PEO SOLUTIONS IV, LLC		
	Firm/Company		
1820 E. EDG	SEWOOD DRIVE		
	Address		_
LAKELAND), FLORIDA 33803		
	City/State and Zip Code		
KELLY@AD	DVANCEDPEO.COM		
E-mail	address: (to be used for future a	nnual report notil	ication)
For further i	nformation concerning this matt	er, please call:	
T. KELLY M	TULLIS	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
Enc	losed is a check for the following	ng amount:	
≅ S2	25 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.

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