## 40011295

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(Address)				
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(Document Number)				
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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: ADVANCED LED SYSTEMS LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JAN MACDONALD				
Name of Person				
ADVANCED LED SYSTEMS LLC				
Firm/Company				
13300-56 S Cleveland av #699				
Address				
FT MYERS FL 33907				
City/State and Zip Code	<del></del>			
ADVANCEDLEDSYSTEMS @GMAIL.COM				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
JAN MACDONALD	239 994-9177			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	□ \$55 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 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. 1	Name of the limited liability company: ADVANCED	LED SYSTE	MS LLC
2. (a	)	(b)	
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(7)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12995 S CLEVELAND STE 11		
	FT MYERS FL 33907		
	09/30/2011	L110	00112955
3.	Date of filing/registration in Florida	4.	Document number
5. (8	, JAN M MACDONALD		
J. (c	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET)  12995 S CLEVELAND AV STE 11	ADDRESS)	<b>16</b> F A
	FT MYERS , FI	33907	
(b	John G O'Connor		7
(U	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:	5 09 July 1
	NEW Registered Office Address:		
	, FI		
	, гі	- <u>-</u>	<del></del>
the clagent was/y	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered lability compan of the limited li limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
I hei provi the o to me	why accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to act in thi performance o d for in Chapte hereby confirm	is capacity. I further agree to comply with the
Signa	ture of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00