

**L12000049396**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 MAY 29 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY 30 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2012

AFROVITI CORRAL / ADVANCED STOMATIC TECHNOLOGIES LLC  
1475 BEACH AVE.  
ATLANTIC BEACH, FL 32233

SUBJECT: ADVANCED STOMATIC TECHNOLOGIES LLC  
Ref. Number: L12000049396

We have received your document for ADVANCED STOMATIC TECHNOLOGIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 812A00015052

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADVANCED STOMATIC TECHNOLOGIES  
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:

AFROVITI CORRAL  
Name of Person

Advanced Stomatic Technologies  
Firm/Company

1475 Beach Ave  
Address

Atlantic Beach, FL 32233  
City/State and Zip Code

VITI.CORRAL@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Corral at (904) 472-7278  
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 608.416 or 608.508, 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. Name of the limited liability company: Advanced Stomatic Technologies <sup>LC</sup>

2. (a) Principal office address of limited liability company:

802 3rd St

(Note: **MUST BE STREET ADDRESS**)

Neptune Beach, FL 32266

(b) Mailing address of limited liability company:

1475 Beach Ave

(Note: **MAY BE POST OFFICE BOX**)

Atlantic Beach, FL 32233

4/11/2012  
3. Date of filing/registration in Florida

L12000049396  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

United States Corporation Agents

Registered Office Address:

13302 Winding Oak Court A  
Tampa, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

AFROVITI CORRAL

**NEW Registered Office Address:**

1475 Beach Ave

(**MUST BE FLORIDA STREET ADDRESS**)

Atlantic Beach, FL 32233

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]

Signature of a member or authorized representative of a member

AFROVITI CORRAL

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00