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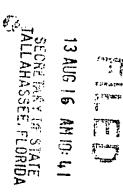
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ADVANCE TECHNET	Docy Supply UC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Name of Person ADVANCE TECHNOLOGY Suply Firm/Company	uc
981 E 52 ST Address HA-leah FL 33013 City/State and Zip Code	13 AUG 16 SECKE WITH TALLAHASS
YUDTHTOORS 31 (A) YAHOO COH E-mail address: (to be used for future annual report notification	
For further information concerning this matter, plea	ise call:
Judint Projau at (786) 525-6188 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 amo	ount:
☑ \$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: Asyacce	leator boy Steply LC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	981 E SI ST HARRH FL 33013
8-12-13	L 13000075256
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	SAUTOS, LARWIN
Registered Office Address:	981 E S2ST HARAH FL 33013
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Judin Projas
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	981 E S2 ST HALEAH ,FL 330/3
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this accument is being filed to men address, I hereby confirm that the limited liability company. Signature of Register Agent	gree to act in this capacity of further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office that been notified in writing of this change.
Division of Corporations, P.O. Box 633	27. Tallahassee. FL 32314

FILING FEE: \$25.00