## 13000145096

(Re	(Requestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Na	me)				
(Do	ocument Number	<u> </u>				
	•	•				
Certified Conies	Certificate	s of Status				
Certified Copies Certificates of Status						
-						
Special Instructions to	Filing Officer:					
		İ				
		1				

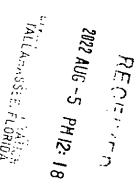
Office Use Only



700391904787

07/05 T2 - 6171 - 607 - **\*\***,35,00

2022 AUG -5 AMII: 28
SECRETAN COE STATE



A. BUTLER AUG - 8 2022

## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	ADVANCED PEO SOLUTION	S V, LLC	
		Name of Limited	Liability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please retu	ım all correspondence concernin	g this matter to the	e following:
T. KELLY	MULLIS		
	Name of Person		
ADVANCI	ED PEO SOLUTIONS V. LLC		
	Firm/Company		<del></del>
1820 E. ED	GEWOOD DRIVE		
	Address		<del></del>
LAKELAN	D, FLORIDA 33803		
	City/State and Zip Cod	e	<u> </u>
KELLY@A	ADVANCEDPEO.COM		
E-ma	il address: (to be used for future	annual report noti	fication)
For further	information concerning this mat	ter, please call:	
T. KELLY	MULLIS	877 at (	518-2881
	Name of Person		Area Code & Daytime Telephone Number
<u>M</u> :	ailing Address:		Street Address:
	gistration Section		Registration Section
Di	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
1 a	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the follow	ing amount:	
	\$25 Filing Fee	□ s	55 Filing Fee & Certified Copy
INHS18 (2/1	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.

1. Na	ame of the limited liability company: ADVANCED PEG	O SOL	ZNOITL	V, LLC	
2. (a)	ADVANCED PEO SOLUTIONS V, LLC	(	b) ADV	ANCED PEO SO	OLUTIONS V, LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	.··/		ess of limited liability company:
	1820 E. EDGEWOOD DRIVE		1820 E	E. EDGEWOOD	DRIVE
	LAKELAND, FLORIDA 33803	_	LAKE	LAND, FLORIE	OA 33803
	10/15/2013		L13000	145096	
3.	Date of filing/registration in Florida	4.		Document	number
5. (a)	JEFFREY T THOMPSON				
2. (4)	Registered Agent and Registered Office shown on the records of the	he Florid	la Dept. of	State:	
	ADVANCED PEO SOLUTIONS V, LLC				2022 SEC
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1820 E. EDGEWOOD DRIVE				ZAUG 2AUG 2ALLA
	LAKELAND ,FL	33803	<del></del>		-5 A
(b)	T. KELLY MULLIS				AMII: 21 OF STAT
	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	<u>idress</u> :		m &
	ADVANCED PEO SOLUTIONS V, LLC				
	NEW Registered Office Address:		<del></del>	<del></del>	
	1820 E. EDGEWOOD DRIVE				
			<del></del>	<del></del>	
	LAKELAND .FL <sup>3</sup>	33803			
signan  Signan  I hereb provision the oblination mereinotified	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab ure of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	register pility co the lin imited l	ed office ompany, nited liab liability (	and the busine it is hereby compility company company.  Printed or type	ess office of the registered infirmed that the change(s) or as otherwise provided in deed name of signee