114000174167

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



800276166088

08/20/15--01024--013 **25.00

SECRETARY OF STATE

NIG 2.7 2015 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ADVANCE CAPITAL 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:
Alan H. Lubitz Name of Person
Advance capital LLC
433 Plaza Real, Suite 275 Address
Boca Raton, F1 33432 City/State and Zip Code Olan Wadvance and ital now. Company
elan wadvancecapital now. Com To E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan H. Lubitz at (561) 368-4404
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
Englosed is a shock for the following amount.

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: Advance Capital LLC
2. (a)	433 Plaza Rea 1 (b)
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA Raton, FL 33432 Boca Raton, FL 33432
	· · · · · · · · · · · · · · · · · · ·
	November 10, 2014 214000174167 Date of filing/registration in Florida 4. Document number
3.	
5. (a)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	433 Plaza Real Swite 275 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Boca Raton, FL 33432
	150ca (2020) 72 31)
(b)	Alan H. Lubitz Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	433 Plaza Real, Suite 275 By Box Ca Raton, FL. 3343
	NEW Registered Office Address:
	(3 0 ca Raton, 12. 3343)
If the I	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the art	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
1	Can M. Julit Alan H. Lubitz
Signa	ture of a member or authorized representative of a member Printed or typed name of signee

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 605, 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 of Registered Agent