# L14000 181902

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





200278290742

10/22/15--01020--008 \*\*35.00

15 NOV 10 PM 12: 38
SECRETARY OF STATE
TALLAHASSEE, FLORID.

NOV 12 2015 J SHIVERS



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2015

PATRICIA KILEY 120 12TH AVE E PALMETTO, FL 34221

SUBJECT: ADVANCED PUBLISHING SERVICES LLC

Ref. Number: L14000181902

We have received your document for ADVANCED PUBLISHING SERVICES 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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 515A00022476

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Advanced Publishing Services LLC

Name of Corporation

0404000

DOCUMENT NUMBER: L14000181902

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

### Patricia Kiley

Name of Contact Person

#### Advanced Publishing Services, LLC

Firm/Company

120 12th Ave East

Addres

Palmetto, FL 34221

City/State and Zip Code

#### tkiley@advancedpublishing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Kiley

..941

666-3142

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

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

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# 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 Pu	blishing S	Services	, LLC
2. (a)	120 12th Ave E.	(b) <sup>3</sup>	same	
<b>-</b> . (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Palmetto, FL			
	34221			
	November 24, 2014	L	1400018	31902
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporation Service Company			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State	: ::
	1201 Hays Street			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		•
				<b>7</b>
	Tallahassee , FL	32301		15 N
(b)	Patricia Kiley			T5 NOV 10
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	ess:	
	120 12th Ave E.			OF SIA
	NEW Registered Office Address:		_	DIE G
	Palmetto	34221		<u>.</u>
	, FL		<del>.</del>	-
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability com of the limite limited lia	red office pany, it is ed liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in inpany.
I here provisi the obi to mer notifie	ture of a member or authorized expresentative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act ir performan d for in Ch hereby con	n this cap ice of my apter 605 firm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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