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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Advanced ESI, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this ma	itter to the I	following:		
Andre	ew Guenther				
	Name of Person		_		
Advar	nced ESI, LLC				
	Firm/Company		_		
4915	S. Tamiami Trail				
	Address		_		
Saras	sota, FL 34231				
	City/State and Zip Code		_		
twallir	ngsford@advanced-esi.net				
E	-mail address: (to be used for future annual r	eport notifi	cation)		
For fur	ther information concerning this matter, plea	se call:			
Andre	ew Guenther	941	554-5000		
	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	Reg Div P.O	distration Section ision of Corporations Box 6327 lahassee, Florida 32314		
	Enclosed is a check for the following amo	ount:			
	2 S25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

2. (a)	4915 S. Tamiami Trail, Sarasota,	FL 34231 (b) 4915	(b) 4915 S. Tamiami Trail		
	Principal office address of limited liability (Note: MUST BE STREET ADD	ty company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	01/28/2019		0194757		
. (a)	Date of filing/registration in FloSPIEGEL & UTRERA, P.A.	orida 4.	Document number		
. (4)	Registered Agent and Registered Office shown o	on the records of the Florida Dept. of S	State: 19 0C1		
	Registered Office Address (MUST BE FLOW) 1840 SW 22ND ST. 4TH FLOOP	RIDA STREET ADDRESS)	1 2		
	MIAMI	FL_33145	-7 AM 9: 36		
(b)	ANDREW GUENTHER		9: 36 Tokul		
(")	Enter name of NEW Registered Agent and/or N	EW Registered Office address:	<u> </u>		
	4915 S TAMIAMI TRAIL				
	NEW Registered Office Address:				
	SARASOTA	. FL 34231			
he cha	nge or changes are made, the Florida stre	eet address of the registered off rida limited liability company, i the members of the limited liabi eement of the limited liability o	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in company.		
Signat	ure of a flictiber or authorized representative of a		uenther, Managing Member Printed or typed name of signee		
- I herek	by accent the annointment as registered a	agent and agree to act in this c	rapacity. I further agree to comply with the ny duties, and I am familiar with and acceptions, F.S. Or, if this document is being filed at the limited liability company has been		

FILING FEE: \$25.00