## L1600016777/

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

Office Use Only



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## COVER LETTER "

TO:	Registration Section		*
	Division of Corporations		
	•		•
~***	DOVATE	GE POSITION	10201
SUBJE			700, L
	Na	ne of Limited Liability Company	•
Dear S	ir or Madam:		
The end	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for fil	ing.
Dleace	return all correction dense concerning t	sia managa aka fallandan	
i icase	return all correspondence concerning to	ns matter to the following:	
	•		
	LINDA JEZ	2080	
		<u> </u>	
	Name of Person		
~ ~	<b>.</b>	· · · · · · · · · · · · · · · · · · ·	
HIL	NANTAZE PO:	SITIONING, UC	
	Firm/Company		
69	O SOUTH JAK	KSON AUE	
<u> </u>	Address		
B	ARTOW, FL 3	1383n	
	City/State and Zip Code		
داسا	ion DADVANTA	GE - POSITIONING	
E.	mail address: (to be used for future an	qual report potification)	1.60/1
J	man address; (to be ased to: latere all	ida report notification)	
For furt	her information concerning this matter	, please call:	
LIN	JOA UEZARD	_at 863 <u>648 - 57</u>	162_
	Name of Person	Area Code & Daytime Te	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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	me of the limited liability company: ADVANTE	IGE POSITIO	winda, LL	<u></u>			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	; Maili	Mailing address of limited liability company:  (Note: MAX BE POST OFFICE BOX)				
	BALTOW FL 33830	LAKEL	AND, FL	33807			
	LLC Registration 9/8/16						
¥	monal Report 3/7/19	>08696	64574cc	,			
3.	Date of filing/registration in Florida		cument number	<del></del>			
5. (a)	UNITED STATES CO PORAT Registered Agent and Registered Office shown on the records of the		15,1NC				
13302 WINDING OAK COULT A Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	TAMPA ,FL	33612	2019 SEP	j. Vij			
(b)	LINOA VEZARD		23				
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	卫	]			
	690 S. JACKSON AL	)E	2: 39				
	NEW Registered Office Address:						
	BARTON, FL	33830					
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered office and bility company, it is her the limited liability co- imited liability compan	d the business office reby confirmed that mpany or as otherw by.	e of the registered the change(s) ise provided in			
Signal	ure of a member or authorized representative of a member	LINC Prir	DA JEZA	TH-12			
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflected change in the registered office address, I have not been sent as a contraction of this change.	e to act in this canacity	v. I further agree to	comply with the			