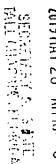
L16000212969

((Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)	_			
PICK-UP	WAIT	MAIL			
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COVER LETTER ...

_	sion of Corporations		
SUBJECT:	Advanced Imaging Services,	LLC	
oomeer.	Nam	e of Limited Liab	pility Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.
Please return	n all correspondence concerning thi	s matter to the fo	llowing:
Stephen G	Sarey		
	Name of Person		-
Advanced	Imaging Services, LLC		
	Firm/Company		•
4737 N O	cean Dr. #115		
	Address		-
Fort Laude	erdale, FL 33308		
	City/State and Zip Code	· · · · ·	-
steve@ais	s-pro.com		
E-mail	address: (to be used for future ann	ual report notifica	ation)
For further i	information concerning this matter,	please call:	
Kerry Nist	ler	954 at (638-2897
	Name of Person	_	Area Code & Daytime Telephone Number
Reg Div Clif 266	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		stration Section sion of Corporations Box 6327
Enc	losed is a check for the following	amount:	
⊠ \$	25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy
INHS18 (2/14	4)		

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.

rioria	a.				
1. N	ame of the limited liability company: Advanced Im	aging	Services,	LLC	
2. (a)	4737 N Ocean Dr. #115		(b) 4737 N Ocean Dr. #115		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33308		Fort La	uderdale, FL 33308	
	11/23/16		L160002	212969	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	Kerry Nistler				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florie	da Dept, of Str	aie:	
	Advanced Imaging Services				
	Registered Office Address	ADDRES	32)	 •	
	4737 N Ocean Dr. #115			•	
	Fort Lauderdale , FI	33308	3		
(b)	Stephen Garey			FIL 2019 HAY 28 SLEGGE AGE ALLI KHI KESA	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		
	Advanced Imaging Services			*	
	NEW Registered Office Address:				
	4737 N Ocean Dr. #115			- 5 - 5	
	Fort Lauderdale ,FL	3330	8	J.	
If the 1	imited liability company is not organized under the la	un of the	a State of E		
the cha	inge or changes are made, the Florida street address of	the reg	istered offic	ce and the business office of the registered	
agent v was/wo	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of	ability c of the lir	ompany, it nited liabili	is hereby confirmed that the change(s)	
the arti	cles of organization or the operating agreement of the	limited	liability con	mpany.	
Ciona	Line Vistur	Ke	rry Nistler		
	ture of a member or antiforized representative of a member		a to all t	Printed or typed name of signee	
the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete ignions of my position as registered agent as provide ly reflect a change in the registered office address, I i I in writing of this change.	ree to ac perform d for in hereby c	it in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
<u> </u>	DON				
21Sumpo	re of Registered Ason				

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

INHS18 (2/14)