

L16000212969

(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



200329833872

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAY 28 AM 10:15

FILED

05/29/19--01020 -007 \*\*25.00

RECEIVED  
MAY 28 2019

M. SULKER

MAY 12 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Imaging Services, 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:

Stephen Garey

Name of Person

Advanced Imaging Services, LLC

Firm/Company

4737 N Ocean Dr. #115

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

steve@ais-pro.com

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

For further information concerning this matter, please call:

Kerry Nistler at ( 954 ) 638-2897

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Advanced Imaging Services, LLC

2. (a) 4737 N Ocean Dr. #115 (b) 4737 N Ocean Dr. #115

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Fort Lauderdale, FL 33308

Fort Lauderdale, FL 33308

11/23/16

L16000212969

3. Date of filing/registration in Florida

4. Document number

5. (a) Kerry Nistler

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Advanced Imaging Services

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4737 N Ocean Dr. #115

Fort Lauderdale, FL 33308

(b) Stephen Garey

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Advanced Imaging Services

NEW Registered Office Address:

4737 N Ocean Dr. #115

Fort Lauderdale, FL 33308

FILED  
2019 MAY 28 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kerry Nistler  
Signature of a member or authorized representative of a member

Kerry Nistler

Printed or typed name of signer

*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]  
Signature of Registered Agent

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

FILING FEE: \$25.00