L23000320750

(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:

J. HORNE
MAR 10 2025

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2025 MAR -7 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2025 MAR -7 AM 9:33
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TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/7/2025 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1354679

ORDER ENTITY
ADVISOR EVOLUTION SCIENCES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
ADVISOR EVOLUTION SCIENCES, LLC (FL)

File the attached change of agent document

NOTES:
$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVISOR EVOLUTION SCIENCES, 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:

ROBB BALDWIN
Name of Person

ADVISOR EVOLUTION SCIENCES, LLC
Firm/Company

2511 NW 41ST STREET
Address

GAINESVILLE, FL 32606
City/State and Zip Code

ARFS@INCSERV.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ADVISOR EVOLUTION SCIENCES, LLC

2. (a) 2511 NW 41ST STREET
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
GAINESVILLE, FL 32606

(b) 2511 NW 41ST STREET
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
GAINESVILLE, FL 32606

3. 07/06/2023
Date of filing/registration in Florida

4. L23000320750
Document number

FILED
2026 MAR -7 PM 3:44

5. (a) CHRISTENSEN, CHARLES G
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2511 NW 41ST STREET
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
GAINESVILLE, FL 32606

(b) INCORPORATING SERVICES, LTD.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1540 GLENWAY DRIVE
NEW Registered Office Address:
TALLAHASSEE, FL 32301

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.

Signature of a member or authorized representative of a member

ROBB BALDWIN
Printed or typed name of signee

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 of Registered Agent

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