M12000007124

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



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C.M. 7/31/14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: July 11, 2014

Order#: 200914-001

Re: ADVANTAGE LOCUMS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: ADVANTA	GE LOCUMS, LLC	
2. (a) Principal office address of limited liability com	npany: 8892 Beckett Road	
(Note: MUST BE STREET ADDRESS)	West Chester, OH	 45069
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		1
12/20/2012	M12000007124	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	n on the records of the Florida	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island F Plantation, FL	Road 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office ad-	
NEW Registered Agent:		рипу
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee	FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chanthe members of the limited liability company or as of the operating agreement of the limited liability company. Signature of member or authorized representative of a member	the Florida street address of the identical. Or, in the case of a age(s) was/were authorized by nerwise provided in the article	ne registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person		
Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con By:	and agree to act in this capact he proper and complete perfoi ny position as registered agen to merely reflect a change in t upany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
Signature of Registered Agent Corporation Service Compa	ny Sylvia Queppet, Asst. V	ice President

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