Division of Corporations

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE ADVA-PAC, LLC

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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.

I. N	ame of the limited liability company: ADVA-PAC, LLC	: 					
							
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POS)	T OFFICE	(BOX)	
	6710 PROFESSIONAL PARKWAY WEST, Suite 301		6710 PR	OPESSIONAL PARKW	AY WES	T, Suite	301
	Surasotu, FL 34240		Sarasota	, FL 34240			i was karawa
	11/12/2013		M130000	007134			·····•
3.	Date of filing/registration in Florida	- -4.	-	Document number			
5. (a) (b)	Registered Agent and Registered Office shown on the records of FEENEY, CHRIS	tale:					
	Registered Office Address (MUST BE FLORIDA STREET) 6902 BELMONT COURT			-	<u> </u>	20 FEB	
	LAKEWOOD RANCH	34202				EB 27	
	C T Corporation System						i iTi
	Enter name of NEW Registered Agent and/or NEW Registered	Office uc	<u>ldress</u> :			AM 9: 33	Ü
	NEW Registered Office Address:			- ,•	<i>ه</i> ته		
	1200 South Pine Island Read			·			
	Plantation	33324					
the ch	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members chicles of organization or the operating agreement of the	ws of the the regi ability c of the lir	: State of istered off ompany, i nited liabi liability o	Florida, it is hereby co fice and the business of it is hereby confirmed to ility company or as oth company.	that the c erwise p	hange	s)
<u>\</u>	alure of a member or authorized representative of a member		D4 - K	Printed or typed name			
I here provis the ob to men	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, led in writing of this change.	d for in hereby o	Chapter (confirm th	apacity. I further agre	re to com	ply wit h and o s being t has bo	h the iccept filed ten
Ny: Signat	ure of Keysteved Agent						
	Dirit of Community and PO	No. 617	7a Tallal	hassee FF 32314			