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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Olly/Oute/E/Liph Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

G. Complete MAR 2 3 2004

TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: Advanced Engineered Solutions, Inc. (Name of corporation)				
DOCUMENT NUMBER:_ PO 20000 10 35 3				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
the following.				
(Name of person)				
(Name of person)				
Advanced Engineered Solutions Inc. (Name of firm/company)				
(Name of firm/company)				
542 5, Edgewood Avenue_				
(Address)				
Jacksonville FL 32205				
(City/state and zip code)				
For further information concerning this matter, please call:				
Kevry Williams at 904 509-6522 (Name of person) (Area code & daytime telephone number)				
(Name of person) (Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314 409 E. Gaines Street Tallahassee, FL 32399				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	rovisions of sections 607.0502, 617.0502, 607.1508, ted for a corporation organized under the laws of the				
	stered office or registered agent, or both, in the State				
	ne corporation: Advance d E				
2. The principal of	office address: 542 South 2	ogewood the	-		
	Jacksonville, FC	32205	····		
3. The mailing ac	Idress (if different):				
4. Date of incorp	oration/qualification: 0//23/2002 Docum	nent number: Pod DOCC	10353		
5. The name and Florida Depart	street address of the current registered agent and regiment of State:	stered office on file with the			
	Barry B. Ansbacher 1301 Riverplace Blue	P.A.	SEC PAL SEC		
	1301 Riverplace Blue	J.	MAR FAH		
	Jacksonullo FC:		ILE 19 F ARY C		
6. The name and (if changed):	street address of the new registered agent (if changes	-DV/	ED PN 5: 04 OF STATE		
	6260 DuPont Station (r	+. Suite C			
6260 DuPont Station (rt. Suite C (P.O. Box or personal mailbox NOT acceptable)					
	Jackson ville FL	32217	_		
The street addre	ss of its registered office and the street address of tidentical.	he business office of its registe	red agent, as		
Such change wa the board, or the	s authorized by resolution duly adopted by its boar corporation has been notified in writing of the cha	d of directors or by an officer ange.	so authorized by		
- H	ignature of an officer of director)	Kerry Willia (Printed or typed name and t	nus President		
I hereby accept I further agree to duties, and I am being filed mere been notified in	the appointment as registered agent and agree to comply with the provisions of all statutes relative familiar with and accept the obligation of my posily to reflect a change in the registered office addressifing of this change.	act in this capacity, to the proper and complete pertion as registered agent. Or, its, I hereby confirm that the co	erformance of my this document is orporation has		
ford.	Signature of Registered Agent)	2/0 /Off (Date)			
•	half of an entity:				
Howard	4 - Caplan (Typed of Printed Name)	Progident (Capacity)			

* * * FILING FEE: \$35.00 * * *