

P020000066086

(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



600103744986

06/04/07--01012--003 \*\*35.00

FILED  
07 JUN -4 PM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Analytic Solutions, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000066086

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:

A. Kenneth Levine  
(Name of Contact Person)

The Levine Law Group  
(Firm/Company)

1615 Village Square Boulevard, Suite 7  
(Address)

Tallahassee, FL 32309-2769  
(City/State and Zip Code)

For further information concerning this matter, please call:

A. Kenneth Levine at ( 850 ) 841-7770  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Analytic Solutions, Inc.
2. The principal office address: 1615 Village Square Boulevard, Suite 7  
Tallahassee, FL 32309-2769
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/14/2002 Document number: P02000066086
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

A. Kenneth Levine  
215 So. Monroe Street, Suite 400  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

A. Kenneth Levine  
1615 Village Square Boulevard, Suite 7  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32309-2769


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

A. Kenneth Levine, Director  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

May 31, 2007  
(Date)

If signing on behalf of an entity:

A. Kenneth Levine  
(Typed or Printed Name)

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