## P05000013061

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ci	y/State/Zip/Phon	e#)
<u></u>	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	· 

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AUG 24 2000



## **COVER LETTER**

SUBJECT: ADVANCED IT MOVATION_ (Name of Corporation)	5	
(Name of Corporation)		
DOCUMENT NUMBER: 70500013061		
The enclosed Statement of Change of Registered Office/Agent and fee are submit	tted for filing.	
Please return all correspondence concerning this matter to the following:		
(Name of Contact Person)	<del></del>	
ADVANCED IT MODATIONS (Firm/Company)	<b>5</b>	
27/7 Seville B/VD, #52 (Address)	10	
Cleanura—FL 3374 (City/State and Zip Code)	<u> </u>	
For further information concerning this matter, please call: $\frac{\partial^2 F}{\partial x^2} = \frac{\partial^2 F}{\partial x^2}$		
(Name of Contact Person) at (727) 73  (Area Code & Days)	ime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:Street Address:Amendment SectionAmendment Section		

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

\$

Clifton Building

TO:

Amendment Section Division of Corporations

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ADVANCED T MNOVATIONS, TAC.
2. The principal office address: 2717 seville 3/vo, #5210
Cleanward FL 33764
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/25/05 Document number: F050000 1306/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
They M BARNETT
2643 GUIF TO BAY Blub, FTE 1560-441
Cleanward, FL 33759
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TROY MI BANKET
2717 Seulle Blub, #5210  (P.O. Box NOT acceptable)  (P.O. Box NOT acceptable)  (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)
Clearwater FL 33744 mg 2
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.
TROY BARNET / PRESIDENT
(Signature of an officer or director)  (Printed or typed name and title)  I hereby accept the appointment as registered agent and agree to act in this capacity.
I hereby 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.
8/4/06
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314