

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 4/6

DISSOLUTION OR WITHDRAWAL
ADVANCED PLASMONICS, INCORPORATED

Certificate of Status	0
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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR - 6 PM 2:41

FILED

TR 4-8-11



April 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPLIED PLASMONICS, INC.
3239 SW 47TH AVE
STE 200
GAINESVILLE, FL 32609

SUBJECT: ~~APPLIED PLASMONICS, INC.~~
REF: F06000006649

ADVANCED PLASMONICS INCORPORATED
PHD00026584

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The cover sheet and document reflect the incorrect name for your corporation. Also, correct the date of incorporation and the current registered agent information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000090443
Letter Number: 511A00008436

RECEIVED

11 APR -8 PM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED PLASMONICS, INC.
Name of Corporation

DOCUMENT NUMBER: F 06000006649

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:

KAREN SOESBE
Name of Contact Person

ADVANCED PLASMONICS, INC
Firm/Company

3239 SW 47TH AVE, SUITE 200
Address

GAINESVILLE FL 32608
City/State and Zip Code

karensoesbe@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN SOESBE at (352) 372 0440
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

CR26045 (8/05)

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: Advanced Plasmaphics, Incorporated
2. The principal office address: 3239 SE 47TH AVENUE, SUITE 200
GAINESVILLE, FL 32608

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/16/2011 Document number: P11000026584

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HOWARD HOWARTH

2731 EXECUTIVE PARK DRIVE SUITE 4

WESTON FLORIDA 33331

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

CT Corporation System

c/o CT Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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]
Signature of an officer or director

Karen Sedgwick
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.

By: Barbara A. Burke
Signature of Registered Agent

3-31-11
Date

If signing on behalf of an entity:

Barbara A. Burke

Special Assistant Secretary

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

CR21:045 (8/05)