

P94000082762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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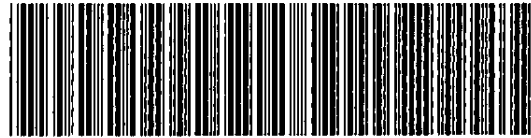
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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8-8-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Advanced Realty Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P94000082762

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:

Pamela J Hargrove-Van Ornam  
Name of Contact Person

Advanced Realty Services, Inc  
Firm/Company

138 SW Grimaldo Terrace  
Address

Port St Lucie, FL 34984  
City/State and Zip Code

pjhargrove@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Hargrove-Van Ornam at ( 772 ) 519-1298  
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: Advanced Realty Services, Inc.
2. The principal office address: 725 SE PORT ST LUCIE BLVD 206  
PORT ST LUCIE FL 34984
3. The mailing address (if different): 138 SW Grimaldo Terrace  
PORT ST LUCIE FL 34984
4. Date of incorporation/qualification: 12/08/1995 Document number: P94000082762
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)

Thomas R Van Ornam

1680 SW Bayshore

Port St Lucie, FL 34984

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

Michael E Armbruster

725 SE Port St Lucie Blvd 206

P.O. Box NOT acceptable

Port St Lucie, FL 34984

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.

\* Michael E Armbruster  
Signature of an officer or director Printed or typed name and title

*Thereby 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.*

\* 08/01/2011  
Signature of Registered Agent Date

If signing on behalf of an entity:

Michael E Armbruster

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

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