

P97000030273

(Requestor's Name)

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TALLAHASSEE, FLORIDA

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Retirement & Investment Planning, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000030273.

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:

William T. Emery
Name of Contact Person

Advanced Retirement & Investment Planning, Inc
Firm/Company
Location: 21271 W. Highway 40, Unit 11
Mailing: P.O. Box 669, Dunnellon, FL 34430
Address

Location: Dunnellon, FL 34431
City/State and Zip Code

aripine@aripine.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William T. Emery at (352) 465-7354
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Advanced Retirement & Investment Planning, Inc
2. The principal office address: 21271 W. Highway 40, Unit 11
Dunnellon, FL 34431
3. The mailing address (if different): P.O. Box 669
Dunnellon, FL 34430
4. Date of incorporation/qualification: April 3, 1997 Document number: P97000030273
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)
William T. Emery
7740 S. Hwy 40
Dunnellon, FL 34432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William T. Emery
21271 W. Highway 40, Unit 11
P.O. Box NOT acceptable
Dunnellon, FL 34431

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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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.

William T. Emery
Signature of an officer or director

William T. Emery President
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.

William T. Emery
Signature of Registered Agent

3/2/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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