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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Advanced Engineered Systems Corp

Name of Corporation

DOCUMENT NUMBER, P9700

P97000072446

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 Thomas

Name of Contact Person

Advanced Engineered Systems Corp

Firm/Company

5810 Breckenridge parkway Suite C

Address

Tampa FI 33610

City/State and Zip Code

kthomas@aes-firesolutions.com

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

For further information concerning this matter, please call:

Karen Thomas

,813

621-7131

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
		gineered Systems, Corp.	
		ridge Parkway Suite C Tampa FL 33610	
3. The mailing a	ddress (if different);		
4. Date of incorp	poration/qualification: 1997	Document number: P97000072446	
	street address of the current regist tment of State: (If resigned, enter i	tered agent and registered office on file with the resigned)	
	Louis Orloff		
	555 5th Ave		
	St petersburg FL 33701		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Karen Thomas		
	5810 Breckenridge Parkway Suite C P.O Box NOT acceptable		
	Tampa FL 33610	ox NOI acceptable DF 52	
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent.	
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so seen notified in writing of the change.	
XCIUL		Karen Thomas President	
I hereby accept I further agree to performance of	o comply with the provisions of a my duties, and I am familiar with	Printed of typed name and tule ent and agree to act in this capacity. If statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
K/K/A		2/22/2018	
	nature of Registered Agent	Date	
• •	half of an entity:		
Karen Thon	nas ped or Printed Name		
•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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