L13000 150805

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT N	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	<u></u>					
Special Instructions to Filing Officer:						

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7. HARRICE

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
CUDIECT.	: American Power & Gas of IL, LLC Name of Limited Liability Company					
SUBJECT:						
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to th	ne following:			
Lisa Barry	,					
	Name of Person					
American	Power & Gas of IL, LLC					
	Firm/Company					
10601 Be	Icher Road South					
	Address					
Seminole,	FL 33777					
	City/State and Zip Code					
corporatio	ns@goapg.com					
E-mail	address: (to be used for future ann	nual report not	tification)			
For further i	nformation concerning this matter	, please call:				
Lisa Barry	,	727 at (479-0731			
	Name of Person	ui (Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	F I F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	g amount:				
☑ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/14	4)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	ame of the limited liability company	y: American Power & Gas of IL, LLC					
(a)				same as office addr	ess		
	Principal office address of limited (Note: MUST BE STREET			_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	10601 Belcher Road South						
	Seminole, FL 33777						
	3/05/2012 10 25 13	3		L130001	50805		
	Date of filing/registration	in Florida	4.	Document nu	mber		
(a)	Cummins, Tom						
,	Registered Agent and Registered Office sh	own on the records of	of the Florida D	Pept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 10601 Belcher Road South						
(b)	Seminole	, F	L_33777		7817 17AL	AND PAGE	
	Northwest Registered Agent, LLC				AUG LAHA	2817 AUG 17 PM 4	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			ess:	1358 14 11		
	Northwest Registered Agent	orthwest Registered Agent, LLC			PH 4:		
	NEW Registered Office Address:				33 -	Tarest	
	3030 N. Rocky Point Dr. STI	y Point Dr. STE 150A			<u> </u>		
	Tampa	, F	_L 33607				
ha It w we	imited liability company is not orgating or changes are made, the Florid will be identical. Or, in the case of a greauthorized by an affirmative voticles of a ganization or the operating	la street address on Florida limited le of the members	of the registe liability com of the limit	red office and the busin pany, it is hereby confired liability company or a	ess office of the	e registe	
>		_	Tom	Cummins			
nat	ture of a member or authorized representative	e of a member		Printed or typed	name of signee		

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Tom Glover, Manager