M12000003905

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2019 JUL 22 PM 2: 50

SECRETARY OF STATE

JUL 23 2013 J. BRYAN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-027

Re: AP2012-GLEN COVE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: AP201	2-GLEN COVE, LLC
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ny: 4 Red Oak Lane, Suite 201 White Plains, NY 10604
07/10/2012	M12000003905
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sl	nown on the records of the Florida Dept. Top State?
Registered Agent:	Capitol Corporate Services, Inc.
Registered Office Address:	155 Office Plaza Dr., Suite A Tallahassee, FL 32301
(b) Enter name of NEW Registered Agent an NEW Registered Agent:	nd/or NEW Registered Office address: Corporation Service Company
<u> </u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRE	1201 Hays Street
	Tallahassee ,FL 32301
liability company, it is hereby confirmed that the o	Ide, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of some provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agreemply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being finderess, I hereby confirm that the limited liability Corporation Service Company By: It also the company	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.

Signature of Registered Agent
Elizabeth A. Dawson, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00