To: Page 2 of 4 Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170000950223)))



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To:

Division of Corporations

Fax Number (850)617-6383

From:

Account Name : C T CORPORATION, SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE APEX REAL PROPERTY, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25,00

Electronic Filing Menu Corporate Filing Menu

APR 07 2017

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## COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Apex Real Property, LLC		
	Nan	ne of Limited L	liability Company
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning th	is matter to the	following:
Lynn Odum			
<u></u>	Name of Person		<del></del> -
Apex Real Pr	operty, LLC		
<u> </u>	Firm/Company		<del></del>
1800 McFarl	and Bivd., North Suite 100		
	Address		·
Tuscaloosa,	AL 35406		
	City/State and Zip Code		•
lodum@radio	osouth.com		
E-mail	address: (to be used for future and	nual report noti	fication)
For further i	nformation concerning this matter.	, please call:	
Lynn Odum		205 at (	349-3645
	Name of Person		Area Code & Daytime Telephone Number
	REET/COURIER ADDRESS:		AILING ADDRESS:
	istration Section		egistration Section
	Ision of Corporations		ivision of Corporations
	ton Building		O, Box 6327
	1 Executive Center Circle ahassee, Florida 32301	11	allahassee, Florida 32314
Enc	losed is a check for the following	g amount:	•
□ <b>s</b>	25 Filing Fee	□ s	55 Filing Fee & Certified Copy
INHS18 (2/14	<b>4</b> )		

## 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.

. (a)	Principal office address of limited liability company:	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	
	2294 Clements Ferry Road	1800 McFarland Blvd., North Suite 100	
	Charleston, SC 29492	Tuscaloosa, AL 35406	
	9/8/14	M14000006357	
•	Date of filing/registration in Florida	4. Document number	
(a)	Registered Agent and Registered Office shown on the records of ti		
• •	Registered Agent and Registered Office shown on the records of the	and the second s	:
	Ron Raybourne	DDRESS)	T
	Registered Office Address (MUST BE FLORIDA STREET A.	DDKE331	بجنيد نمج جنيد نمج
	111 Ferry Road S.E.	SSE SSE T	Section 1
	Ft. Walton Beach ,FL	32548 T	
		95 B	
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	28 28 28 28 28 28 28 28 28 28 28 28 28 2	
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	33324	
ie cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	s of the State of Florida, it is hereby confirmed the registered office and the business office of	the reg
as/we	vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of	f the limited liability company or as otherwise	cnange(s provided
	cles of organization or the operating agreement of the	* * *	
Siunat	are of a member or authorized representative of a member	Lynn Odum	
SHORE	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete plactions of my position as registered agent as provided the proper and complete place of the proper and pro	Printed or typed name of signee	
	vy uccepi ine appoiniment as registerea agent ana agre	e to act in this capacity. I turiner agree to cor	mpiy wiin

Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 FILING FEE: \$25,00