

m91720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

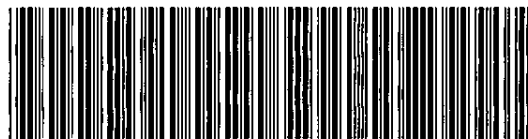
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RC
1/11/10
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Apple Two Associates Inc.
Name of Corporation

DOCUMENT NUMBER: M 91720

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:

Jan Bednarski
Name of Contact Person

Apple Two Associates, Inc.
Firm/Company

8905 Lake Avenue
Address

Cleveland, OH 44102
City/State and Zip Code

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

For further information concerning this matter, please call:

Jan Bednarski at (216) 939-2624
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Apple Two Associates, Inc.
2. The principal office address: 8905 halke Avenue
Cleveland, OH 44102
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/01/1988 Document number: M91720
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)


Troy Thrasher
1637 Metropolitan Blvd, Suite C
Tallahassee, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Troy Thrasher
1897 Capital Circle NE, Suite 205
P.O. Box NOT acceptable
Tallahassee, FL 32308


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.


Signature of an officer or director

Peter W. Strang / VP-Secy
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.


Signature of Registered Agent

1/4/10
Date

If signing on behalf of an entity:

Troy Thrasher
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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