

B96 0000000403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

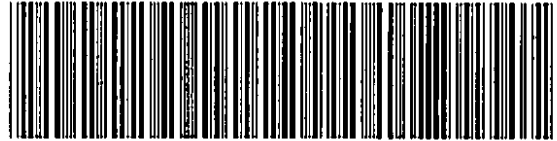
(Business Entity Name)

(Document Number)

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OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPLE AIR LIMITED PARTNERSHIP OF ALABAMA
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B96000000403

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stephen T. Etheredge
Contact Person

Buntin, Etheredge & Fowler, LLC
Firm/Company

P.O. Box 1193
Address

Dothan, AL 36302
City, State and Zip Code

bryan.applefield@wincollic.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen T. Etheredge at (334) 793-3377
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Apple Air Limited Partnership of Alabama
Name of Limited Partnership or Limited Liability Limited Partnership
2. October 17, 1996 3. B96000000403
Date of filing/registration in Florida Florida document number

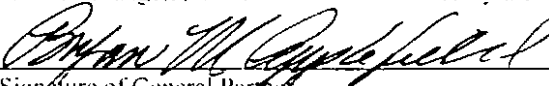
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BRYAN APPLEFIELD
Name
8701 N. Lagoon Drive
Address
Panama City Beach, FL 32407
City, State and Zip

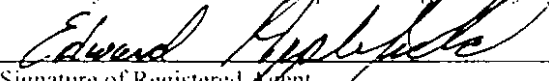
5. The name and Florida street address of the new registered agent and/or office:

Edward Applefield
Name
~~211 Lakeshore Dr.~~ 21228 S. Lakeview DR
Florida street address (P.O. Box not acceptable)
Panama City Beach FL 32413
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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