

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

R. WHITE

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

Email Address:

REGISTERED AGENT CHANGE AP ATLANTIC, INC.

Certificate of Status	0
Certified Copy	• 0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	AP Atlantic, Inc.			
,	Name of Corporation	n		
DOCU	UMENT NUMBER:			
The en	nclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to the f	ollowing:		
	Yan Name of Contact Per	Son		
	Name of Contact Person Confirm/Company	struction		
6701 W 23rd St. Address				
Strouis Park, Mn 55486 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
X	Name of Contact Person at (A	152 544-1561 rea Code & Daytime Telephone Number		
	Name of Contact Person A	ea 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

CR2E045 (03/12)

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 Statute. statement of change is submitted for a corporation organized under the laws of the State of NC in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: AP Atlantic, Inc.			_
2. The principal office address:			_
3. The mailing address (if different):			_
4. Date of incorporation/qualification: 07/30/2012 Document number: F12000003183			<u>-</u>
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)	•		
NRAI Services, Inc.			
1200 South Pine Island Road		11.	
Plantation, FL, 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		نا چ	
C T Corporation System	<u> 25</u>	ੜ	
c/o C T Corporation System, 1200 South Pine Island Road	SA MET	4.7	
P.O. Box NOT acceptable			
Plantation, Florida 33324			
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	itered ager	ıt,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.			
Signature of an officer or director Signature of an officer or director Printed or typod garne and lutte	>		
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 reagent. Or, if this document is being filed merely to reflect a change in the registered office additional has been notified in writing of this change.			
By: CT Corporation System Signature of Registered Agent Date Date			
Michele Miller If signing on behalf of an entire the signing of an entire the significant of an entire the significa			
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 (03/12)