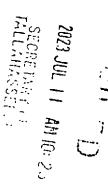
## F140000 1544

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
J. HORNE JUL 12 2023			

Office Use Only



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2029 JUL 11 AM II:

73. III 11 Av. . .



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 813913 8414720

AUTHORIZATION

COST LIMIT

ORDER DATE : June 14, 2023

ORDER TIME : 8:49 AM

ORDER NO. : 813913-098

CUSTOMER NO: 8414720

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: APPLE TEN FLORIDA SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this mized under the laws of the State of Virginia ered agent, or both, in the State of Florida.	
1. The name of	the corporation: APPLE TEN FLORIDA	SERVICES, INC.	
2. The principal	office address: 814 East Main Street, R	tichmond, VA 23219	
3. The mailing a	address (if different):		_
4. Date of incor	poration/qualification: 04/08/2014	Document number: F14000001544	-
	d street address of the current registered a rtment of State: (If resigned, enter resigned	agent and registered office on file with the ed)	
	C T Corporation System	23 J	
	1200 South Pine Island Road		7
	Plantation	FL 33324	7
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	フ <sup>゛</sup>
	Corporation Service Company		9
	1201 Hays Street		-
		x NOT acceptable	
	Tallahassee	FL 32301	
=		address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an officer so stified in writing of the change.	
$X_{i}$	e & GOME	Jill Cilmi, Vice President	
/1	re of an officer or director	Printed or typed name and title	
I further agree of of my duties, an document is bei corporation has	the appointment as registered agent ame to comply with the provisions of all state of I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change. of Service Company ( )	utes retaitive to the proper that complete perjointance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	•
By: ( 2 1	, M Lei	07/11/2023	
Sig	Mature of Registered Agent	Date	
If signing on be	half of an entity:		
Ami M. Casper	, Asst. Vice President		
T	yped 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 (04/13)