F15000002255

(Request	or's Name)	
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(Address)	
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT MAIL	
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RAGRO Change



NECHE MAL CHE STATE

RECEIVED

A. RAMSEY JUN 3 0 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	O. : I2000000195		
REFEREN	ICE : 813903 8414720		
AUTHORIZATIO	ON : Carello of		
COST LIM	IIT: \$35,00		
~			
ORDER DATE : June 14, 2023			
ORDER TIME : 9:09 AM			
ORDER NO. : 813903-089			
CUSTOMER NO: 8414720			
CHANGE OF AGENT			
NAME: APPLE NINE INC.	FLORIDA SERVICES,		
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Eyliena Baker			
	EXAMINER'S INITIALS:		

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

statement of cha	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Virginia tered agent, or both, in the State of Florida.	_
1. The name of t	the corporation: APPLE NINE FLORIDA	A SERVICES, INC.	
2. The principal	office address: 814 East Main Street, R	tichmond, VA 23219	
3. The mailing a	ddress (if different):		<u> </u>
4. Date of incorp	poration/qualification: 05/21/2015	Document number: F15000002255	
	I street address of the current registered a timent of State: (If resigned, enter resigned	ngent and registered office on file with the ed)	
	C T Corporation System		
	1200 South Pine Island Road		<u></u>
	Plantation	FL 33324	
6. The name and (if changed):	street address of the new registered ager Corporation Service Company	nt (if changed) and /or registered office	TILEU TILEU
	1201 Hays Street		R R
	P.O. Box	NOT acceptable	•
	Tallahassee	FL 32301	
- -		address of the business office of its registered age	nt,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.	
Xie	e & Conei	Jill Cilmi, Vice President	
/	e of an officer or director	Printed or typed name and title	-
corporation has	the appointment as registered agent and comply with the provisions of all state of land accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	d agree to act in this capacity. utes relative to the proper and complete performar igation of my position as registered agent. Or, if to e registered office address, I hereby confirm that to	ıce his he
3v: (8 1	, m Lei	06/29/2023	
Sight	ature of Registered Agent	Date	-
If signing on beh	nalf of an entity:		
	Asst. Vice President		

* * * 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)