

K63555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

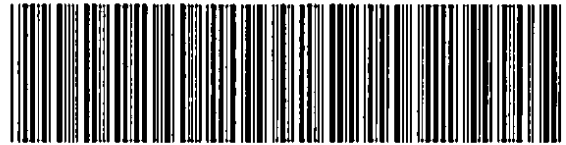
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR 12 AM 8:53  
SECRETARY OF STATE  
FILING

4/128/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 APR 12 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FL

February 23, 2021

PANAYIOTIS TSIPOURAS  
522 S. HUNT CLUB BLVD #324  
APOPKA, FL 32702

SUBJECT: APIX INC.  
Ref. Number: K63555

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 121A00004059

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Registered agent change  
Name of Corporation

DOCUMENT NUMBER: K63555

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:

Panayiotis Tsipouras

Name of Contact Person

Apix Inc

Firm/Company

522 S. Hunt Club Blvd #324

Address

Apopka FL 32703

City/State and Zip Code

peter@apixcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Panayiotis Tsipouras

Name of Contact Person

at ( 407 ) 9286619

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Apix Inc
2. The principal office address: 522 S. Hunt Club Blvd #324, Apopka FL 32703
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/06/1989 Document number: K63555
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)


(deceased)

TSIPOURAS, CHRIS J  
522 S. Hunt Club Blvd  
Unit 324  
Apopka, FL 32703

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Panayiotis Tsiouras  
522 S. Hunt Club Blvd #324, Apopka FL 32703  
P.O. Box NOT acceptable

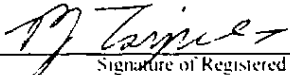
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Panayiotis Tsiouras  
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

04/07/2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)