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Certified Copies	Copies Certificates of Status		
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Special Instructions to	Filing Officer:		
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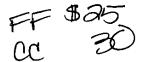


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SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A.P. (3.13) of Florida, L.L.C (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julian J. Rodrigue, To (Name of Person)
Zodrigae & Rodrigae (Firm/Company)
604 E Rut Ano 87. (Address)
Covington ha 70433 (City state and Zip Code)
For further information concerning this matter, please call:
Tulian Rodrigue Tr at (985) 892-3/7/ (Name of Person) at (985) Rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{\$55 Filing Fee & Certified Copy}\$

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR . .. BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The page of the limited liability company is: A.P. (3.13) OF FLORIDA, L.L.C.

ageni, or boin, in the state of riorida.			
1. The name of the limited liability company	y is: A.P. (3.13) OF FLORIDA, L.L.C.	 	<u> </u>
2. The mailing address of the limited liabilit	ty company is :		·
604 E. Ruthno ST.	Covington, La 10433		
12/06/2002	L02000032703		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the Florida Department of State: JOHN M. PO	registered office address as shown on the record	ls of the	
	Name		
	AIN ROAD, UNIT B407		
DESTIN, FLA.	Address	0 0	! :
	City, State and Zip	0.9()3S
6. The name and address of the new register	red agent and/or office:	06 OCT 24	
RANDALL HESTI			300
2/E MADI PUODI	Name D DR.	PM 2	25. 15. 15.
Florida street ac	Idress (P.O. Box NOT acceptable)	2: 40	ATE TO
JACKSONVILLE	32259	-	
			
	City, State and Zip		
confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed th	nized under the laws of the State of Florida, it is are made, the Florida street address of the registent will be identical. Or, in the case of a Florida at the change(s) was/were authorized by an affingany or as otherwise provided in the articles of ability company.	tered office a limited rmative vot	te
(Signature of a member or authorized representative of a	ı member)		
George Mc Clure (Printed or typed name of signee)			
	ered agent and agree to act in this capacity. I fuelative to the proper and complete performance gations of my position as registered agent as probeing filed to merely reflect a change in the regiliability company has been notified in writing of	irther agree of my dution ovided for i stered offic this chang	e to es, in ce re.
(Signature of Registered Agent)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00