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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Appo//onia (Name of Limited	CIMPANY LLC d 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 m	natter to the following:
Mark Pateman (Name of Person)	<u> </u>
(Firm/Company)	OF SEP 31
230 T. Wals Land	
(Address)	PH 3: 33
West Palm Beach FL (City/State and Zip Cope)	33 40/
For further information concerning this matter, ple	ase call:
Mark Bateman at (S) (Name of Person)	(Area 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 amo	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (8/05)	

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 name of the limited liability company is: Appollonia Con	npany LZC.
2. The mailing address of the limited liability company is: CHANGE	10:
330 Tuxedo Lane, West Palm Bea	ch, FL 33401.
10/29/2004 60400	0078869
3. Date of filing/registration in Florida 4. Document number 1.	
5. The name of the registered agent and the registered office address as shown Florida Department of State: Afeman Mark L. Fs Name	
6. The name and address of the new registered agent and/or office:	OF SEP 31
Name, Name, Name, Say Sao Tuxedo hane Florida street address (P.O. Box NOT acceptable)	OF STATENS RPORATIONS PM 3: 33
West Valm Beach FL 33 40/ City, State and Zip	
If the limited liability company is not organized under the laws of the State of confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the or the operating agreement of the limited liability company.	of the registered office of a Florida limited ed by an affirmative vote
Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete pand I am familiar with and accept the obligations of my position as registered Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Backbard Aced)	

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

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