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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Apex Holdings, LA (Name of Limited	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:	
Mike A. Hilliard (Name of Person)		
Apex Holdings, LLC (Firm/Company)	O7 JUN 27 PH 12: 36	
4411 Bee Ridge Road # 456		
Saraso FL 34233 (Cfty/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Mike A. Hilliard at ((Name of Person)	941) 650 - 5667 (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 amount:		
\$25 Filing Fee	☐ \$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 name of the limited liability company is:	Apex Holdings, LLC.
2. The mailing address of the limited liability compar	ny is: <u>4411 Bee Ridge Road #456</u> .
	Sarasota FL 34233.
3. Date of filing/registration in Florida	<u> </u>
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the records of the
Mike A. Hilli Nan 740 Apex Ri Sarasota F City, State	ne oad ress
6. The name and address of the new registered agent a Mike A. Hillia Name 4411 Bee Ridge Florida street address (P.C. Sarasota FL City, State a	PHIS 36 Box NOT acceptable) 34233
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability com	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
(Signature of a member or authorized representative of a member)	
Mike A. Hilliard (Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the liab	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.

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

(Signature of Registered Agent)