Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

r : FCA000000023 : (850)222-1092

Fax Number

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LLC REGISTERED AGENT CHANGE FALCONBRIDGE SERVICES, LLC

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Corporate Filing Menu

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KSALY EXAMINER MAR 21 2014

COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJ	FALCONBRIDGE SERVICES, LL	С	
		ne of Limite	d Liability Company
Dear S	Sir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change	and fco(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to	the following:
Lestic	Carzoli		
	Name of Person		
APR E	nergy, LLC		
	Firm/Company		
3600 P	ort Jacksonville Parkway		
	Address		
Jackson	nville, FL 32226		
	City/State and Zip Code		
Leslie.	Carzoli@aprenergy.com		
E	-mail address: (to be used for future ann	ша) report n	ollication)
For fur	ther information concerning this matter,	, please call:	
Leslie (Carzoli	904 at (223-2288
	Name of Person	_ " (Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	S25 Filling Fee	0	\$55 Filing Fee & Certified Copy
MHSIS	B (2/14)	,	
. 11.1010	(= • •)		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	3600 PORT JACKSONVILLE PARKWAY	(b) _360	00 PORT JACKSONVILLE PARRWAY
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:
	JACKSONVILLE, FL 32226	TAC	(Note: MAY BE POST OFFICE BOX) CKSONVILLE, FL 32226
			CRACIONIELIS, PE 32220
	03/29/2007	L070	000033678
3.	Date of filing/registration in Florida	- 4	Document number
5. (a	Corporation Service Company		Aug H
. (L	Registered Agont and Registered Office shown on the records to	of the Florida Dept.	Document number TALLAHASSEE, FLORIE TOTAL ARREST OF STATE
	Registered Office Address MUST BE FLORIDA STREET	T ADDRESS)	SS
	1201 Hays Street		Frog :
	Taliahassee	7L 32301	FLO
		L	
(b)	C.T. Corporation System	٦ <u></u>	- IRIE
(b)	CT Corporation System Enter name of NEW Registered Agent and/or NEW Registers		
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> NEW Registered Office Address:		
(b)	CT Corporation System Enter name of NEW Registered Agent and/or NEW Registers		
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> NEW Registered Office Address: 1200 South Pine Island Road		
If the the chagont was/withe art	Enter name of NEW Registered Agent and/or NEW Registers NEW Registered Office Address: 1200 South Pine Island Road Plantation Finited liability company is not organized under the leange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lines authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	and Office address: 2. 33324 aws of the State of the registered liability compan of the limited liability is limited liability.	e of Florida, it is hereby confirmed that after i office and the business office of the registency, it is hereby confirmed that the change(s) liability company or as otherwise provided in the company.
If the the chagent was/withe ar	Enter name of NEW Registered Agent and/or NEW Registers NEW Registered Office Address: 1200 South Pine Island Road Plantation Finited liability company is not organized under the leange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited light and an affirmative vote of the members are authorized by an affirmative vote of the members.	and Office address: 33324 aws of the State of the registered liability compan of the limited liability Anna Tabo gree to act in this aperformance of the limited liability and the performance of the limited liability and the performance of the limited liability are to act in Chaptel hereby confirm	e of Plorida, it is hereby confirmed that after i office and the business office of the registeny, it is hereby confirmed that the change(s) liability company or as otherwise provided in the company. or, Authorized Person Printed or typed name of signee

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

INHS18 (2/14)