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 Phone : (850)222-1092

Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC REGISTERED AGENT CHANGE APR ENERGY II, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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K.SALY EXAMINER MAR 21 2014

COVER LETTER

TO: Registration Section Division of Corporations		
APR ENERGY II, LLC	•	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:		
Leslie Carzoli		
Name of Person		
APR Energy, LLC		
Firm/Company		
3600 Port Jacksonville Parkway	·	
Address		
Jacksonville, FL 32226		
City/State and Zip Code		
Leslie.Carzoli@aprenergy.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	call:	
Leslie Carzoli	04 223-2288	
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, Plorida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Foe	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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.

1. }	Name of the limited liability company: APR ENERGY II	(, LLC
2. (a	3600 PORT JACKSONVILLE PARKWAY	(b) 3600 PORT JACKSONVILLE PARKWAY
•	Principal office address of limited liability company: (Note: MUST BE STREUT ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32226	JACKSONVILLE, FL 32226
	07/20/2007	L07000075142
3.	Date of filing/registration in Florida	4. Document number
5. (a	Corporation Service Company	-
•	Registered Agent and Registered Office shows on the records of the	DDRESS DDRESS 32301
	Registered Office Address	DDRESSY 20
	<u> </u>	
	Tallahassec , FL	32301
	C T Corporation System	ब्रिष्ट्र य
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:
		,
		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:	·
	1200 South Pine Island Road	
	Plantation , FL 3	33324
the chagent was/w the art	will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of incles of organization or the operating agreement of the light of the l	he registered office and the business office of the registered billity company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company. Anna Tabor, Authorized Person
	ature of a member or authorized representative of a member	Printed or typed name of signee
I here provis the ob to mer notifie CTC	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided eligations of the change in the registered office address, I he are the properties of this change.	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed treby confirm that the limited liability company has been Madonna Cuddlity Special Assistant Secretary
Signate	ire of Registered Agent	Special Assistant Secretary

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

INHS18 (2/14)