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(Requestor's Name)		
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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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Special Instructions to Filing Officer:		
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SECRETARY OF STATE
FALLAHASSEE, FLORID,

J. BRYAN

DEC 15 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUB,		P INVESTMENTS LLC	
	Name o	of Limited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernit	ng this matter to the following:	
	Aaron Parrish		
	Name of Person		
	AP INVESTMENTS LLC	<u>C</u>	
	Firm/Company	SECR ALLA	09 DI
	113 Candlewick Ct.	HE AL	8
	Address	ASSEI —	<u></u>
		F C	P
		OF STATE	- DE
Sanford, FL 32771			.; :
	City/State and Zip Code	D _A	~
	aaronparrish306@yahoo.c	com	
E	-mail address: (to be used for future annual repor	rt notification)	
For fu	orther information concerning this ma	atter, please call:	
	Aaron Parrish	at (<u>954</u>) <u>663-0377</u>	_
	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 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the follow	ving amount:	
	\$25 Filing Fee \$25 Filing Fee & Certified Copy		

* TATEMENT 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.

Name of the limited liability company:	AP INVESTMENTS LLC
2. (a) Principal office address of limited liability compan	y: AP INVESTMENTS LLC
(Note: MUST BE STREET ADDRESS)	113 Candlewick Ct Sanford, FL 32771
(b) Mailing address of limited liability company:	AP INVESTMENTS LLC
(Note: MAY BE POST OFFICE BOX)	113 Candlewick Ct Sanford, FL 32771
06/12/2008	L08000058056
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	James C. Parrish
Registered Office Address:	1505 N. RIVERSIDE DR. UNIT 1206 POMPANO BEACH, FL 33062 POMPANO BEACH
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address
NEW Registered Agent:	James Aaron Parrish
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	113 Candlewick Ct Sanford ,FL32771
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Torida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote twise provided in the articles of organization
James Aaron Parrish Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.