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2011 SEP 23 AM II: 05
SECRETARY OF STATE
AND ASSESSED FOR IDA

T. CLINE

SEP 26 2011

EXAMINER

COVER LETTER

SUBJECT:	API Inspection LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The analoged Penistered Agent/Penisters	ed Office Change and fee(s) are submitted for filing.
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for fiffing.
Please return all correspondence concern	ing this matter to the following:
Jeffrey R. Barksdale	3
Name of Person	
API Inspection LLC Firm/Company	
Film/Company	
4051 Borropose Ave. Suite	
4051 Barrancas Ave, Suite Address	
	23 SSE SSE
Pensacola, Florida 325	507
City/State and Zip Code	SEGRETARY OF STATE ALLAHASSEE, FLORIDA
aniinenection@amail.co	
apiinspection@gmail.co E-mail address: (to be used for future annual rep	ort notification)
or further information concerning this m	natter, please call:
Jeffrey R Barksdale	at (904)556-5658
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	wing amount:

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.

Name of the limited liability company:	API Inspection LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Suite G 114
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	
November 30, 2010	L10000122977
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hayes St. 72 Tallahassee, Fl., 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	95
NEW Registered Agent:	Jeffrey R Barksdale
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4051 Barrancas Ave Suite G 114
	Pensacola ,FL 32507
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability 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	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Jeffrey R Barksdale	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	
	

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