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 : HAHN LOESER + PARKS LLP

Account Number : 120050000053 Phone : (216)621-0150

Fax Number : (216)241-2824

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

Email Address:

LLC REGISTERED AGENT CHANGE APEX CENTURY GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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COVER LETTER

| TO: Registration Section Division of Corpora | | | | |
|---|---------------------------|--------------|---|--|
| SUBJECT: | | | ury Group L | |
| | Name of | Limited I | iability Comp | any |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Ag | gent/Registered | Office Cl | ange and fee(s |) are submitted for filing. |
| Please return all correspond | ence concerning | g this mat | ter to the follow | wing: |
| Gretchen M. Nin | ie-Bunnell, Par | ralegal | | |
| Name | ar renson | | | |
| limbro Logo | au 0 Daulea III | _ | | |
| | er & Parks LLF Company | <u> </u> | | |
| | , . | | | |
| 000 Buksa 8 | O.:t- O! | 000 | | |
| 200 Public So Add | <u>quare, Suite 28</u> | 800 | | |
| 7100 | 1030 | | | |
| 0 1 1 | | | | |
| Clevelan | d, OH 44114 | | | |
| City/State | and Zip Code | | | |
| anh@h | obolovi sem | | | |
| gnb@h E-mail address: (to be used for | luture annual report | notification | - 1 | |
| For further information con | cerning this ma | tter, pleas | e call: | |
| Gretchen M. Nine | -Bunnell | at (| 216) | 274-2217 |
| Name of Person | | | Area Code d | 274-2217 k Daytime Telephone Number |
| STREET/COURIER | ADDRESS: | | MAILING A | DDRESS: |
| Registration Section | , maximus, | | Registration S | |
| Division of Corporati | ons | | Division of C | |
| Clifton Building | | | P.O. Box 632 | 7 |
| 2661 Executive Cente Tallahassee, Florida 3 | | | Tallahassec, F | Florida 32314 |
| Enclosed is a check | t for the follow | ing amou | nt: | |
| \$25 Filing Fee | | | \$55 Filing 1 | Fee & Certified Copy |
| | | | | |

(((H12000214686 3)))

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. N | ame of the limited liability company: | Apex Century Group LLC | | |
|---------------------------------------|--|---|--|--|
| 2. (a | Principal office address of limited liability company | 25 Casa Mar Lane | | |
| | (Note: MUST BE STREET ADDRESS) | Naples, Fl. 34103 | | |
| (b |) Mailing address of limited liability company: | 25 Casa Mar Lane | | |
| | (Note: MAY BE POST OFFICE BOX) | Naples, FL 34103 | | |
| | 02/09/2011 | L11000016755 | | |
| 3. D | ate of filing/registration in Florida | 4. Document number | | |
| 5. (á | a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State | | |
| | Registered Agont: | R&A AGENTS, INC. | | |
| | Registered Office Address: | 850 Park Shore Drive Trianon Center, 3rd Floor Naples, FL 34103 | | |
| (b |) Enter name of NEW Registered Agent and/or NE | W Registered Office address: | | |
| | NEW Registered Agent: | HL Statutory Agent, Inc. | | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 800 Laurel Oak Drive Suite 600, M & I Bullding Naples ,FL34108 | | |
| confi and the liabili of the | limited liability company is not organized under the rmed that after the change or changes are made, the Fine business office of the registered agent will be identity company, it is hereby confirmed that the change(se members of the limited liability company or as other coperating 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 rwise provided in the articles of organization y. | | |
| | Joffrey M. Folkman Typed or printed name of signice | | | |
| Signat | why accept the appointment as registered agent and a ly with the provisions of all statutes relative to the prioritions of all statutes relative to the priorition with and accept the obligations of my pater 608. F.S. Or, if this document is being filed to meass I be reby confirm that the limited liability companions of Replaced Agent L. Finch. Assistant Treasurer of HL Statutory Agent Inc. Division of Corporations, P.O. Box 63 | | | |

FILING FEE: \$25.00