

Aug. 14, 2012 10:42AM

SALVATORI & WOOD

No. 7489 PP. 1 of 1

L12000030161

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-1706

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

Email Address:

scs@swbnaples.com

LLC REGISTERED AGENT CHANGE
APAX 01 LLC

Certificate of Status	0
Certified Copy	0
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8/14/2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APAX 01 LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. LANE WOOD, ESQ.

Name of Person

SALVATORI, WOOD & BUCKEL, P.L.

Firm/Company

9132 STRADA PLACE, FOURTH FLOOR

Address

NAPLES, FL 34108

City/State and Zip Code

SCS@SWBNAPLES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. LANE WOOD

Name of Person

at (239)

552-4100

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, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: APAX 01 LLC

2. (a) Principal office address of limited liability company: 3668 ARCTIC CIRCLE

(Note: **MUST BE STREET ADDRESS**) NAPLES, FL 34112

(b) Mailing address of limited liability company: 3668 ARCTIC CIRCLE

(Note: **MAY BE POST OFFICE BOX**) NAPLES, FL 34112

3. Date of filing/registration in Florida 03/02/2012 4. Document number L12000030161

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Agent: CLEAR TITLE GROUP, LLC

Registered Office Address: 1691 MICHIGAN AVENUE, SUITE 320
MIAMI BEACH, FL 33139

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: SALVATORI, WOOD & BUCKEL, P.L.

NEW Registered Office Address: 9132 STRADA PLACE
(MUST BE FLORIDA STREET ADDRESS) FOURTH FLOOR
NAPLES, FL 34108

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Antonio Velardo
 Signature of a member or authorized representative of a member

ANTONIO VELARDO
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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