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COVER LETTER

TO: Registration Section Division of Corporations

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AP&G Holdings LLC SUBJECT:

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:

Lisa Barry

Name of Person

AP&G Holdings LLC

Firm/Company

10601 Belcher Road South

Address

Seminole, FL 33777

City/State and Zip Code

corporations@goapg.com

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

For further information concerning this matter, please call:

Lisa Barry	727 479-0731
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 following am	ount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

ncipal office address of limited lial (<u>Note: MUST BE STREET A)</u> Belcher Road South ole, FL 33777 12 Date of filing/registration in ns, Tom Agent and Registered Office show Office Address <u>(MUST BE FL</u> Belcher Road South	DDRESS) Florida on the records of		Mailing address of limited liability on (Note: MAY BE POST OFFICE) Document number of State:	
Belcher Road South ole, FL 33777 12 Date of filing/registration in ns, Tom Agent and Registered Office show Office Address (MUST BE FL	Florida	f the Florida Dept.	Document number	
12 Date of filing/registration in ns, Tom Agent and Registered Office show Office Address (MUST BE FI	sn on the records of	f the Florida Dept.		
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Agent and Registered Office show Office Address (MUST BE FL			of State:	
Office Address (MUST BE FL			of State:	
	LORIDA STREET	ADDRESS		
			<u>.</u>	
ole	FI	33777		
of NEW Registered Agent and/c	or <u>NEW Registerer</u>	d Office address:		11 11 11
est Registered Agent, L	LLC			- - Э
istered Office Address:				n
. Rocky Point Dr. STE	150A			
	. FI	33607		
	e of <u>NEW Registered Agent</u> and/ /est Registered Agent, I istered Office Address: J. Rocky Point Dr. STE pility company is not organi- anges are made, the Florida ntical. Or, in the case of a F ized by an affirmative vote of	e of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> /est Registered Agent, LLC istered Office Address: J. Rocky Point Dr. STE 150A pility company is not organized under the la anges are made, the Florida street address o ntical. Or, in the case of a Florida limited 1 ized by an affirmative vote of the members	e of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : vest Registered Agent, LLC istered Office Address: I. Rocky Point Dr. STE 150A . FL_ <u>33607</u> pility company is not organized under the laws of the State anges are made, the Florida street address of the registered ntical. Or, in the case of a Florida limited liability compar ized by an affiring at very over of the members of the limited I	e of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : West Registered Agent, LLC istered Office Address: A. Rocky Point Dr. STE 150A

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 605, 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.

Ton Glove

Signature of Registered Agent

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

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