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| (Requestor's Name)      |                    |             |  |  |  |  |  |
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| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |  |  |  |
| (Bu                     | siness Entity Nar  | mel         |  |  |  |  |  |
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| (Do                     | cument Number)     |             |  |  |  |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |  |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |  |  |  |
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Office Use Only



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S. YOUNG

SECRETARY OF STATES TALLAHASSEE, FLORIDS

## **COVER LETTER**

| <b>'#</b>       |  |   |              |                   |   |           |
|-----------------|--|---|--------------|-------------------|---|-----------|
| TO:             | _  | tration Section on of Corporations  |              |                   |   |           |
| SUBJ            | ЈЕСТ:                                    | A P CONSTRUCTION S  | ERVICES      | S LLO             |   |           |
|                 | _  | Nar   | ne of Limi   | ted Li            | ability Company   |           |
| Dear            | Sir or Ma                                | adam:   |              |                   |   |           |
| The e           | nclosed                                  | Registered Agent/Registered Of  | fice Chang   | e and             | fee(s) are submitted for filing.  |           |
| Please          | e return a                               | all correspondence concerning th  | nis matter t | o the             | following:  |           |
|                 | JOSE F                                   | F. ALONSO   |              |                   |   |           |
|                 |  | Name of Person  |              |                   | _   |           |
|                 | AP CO                                    | NSTRUCTION SERVICES   | , LLC        |                   |   |           |
|                 | _  | Firm/Company  |              |                   | _   |           |
| 2               | 2330 W                                   | 80 St. Bay #7   |              |                   |   | ים<br>סכר |
|                 | · <del></del>                            | Address   |              |                   | _   | r         |
| H               | lialeah,                                 | FL 33016  |              |                   |   | •         |
|                 |  | City/State and Zip Code   |              |                   | _   |           |
| <sub>.</sub> ap | oweldin                                  | g@msn.com   |              |                   |   |           |
| ]               | E-mail ac                                | dress: (to be used for future and   | ual report   | notifi            | cation)   |           |
| For fu          | rther info                               | ormation concerning this matter,  | please cal   | l:                |   |           |
| Jo              | se F. A                                  | lonso   | 305          | 5                 | 490-4168  |           |
|                 | _  | Name of Person  | \            |                   | Area Code & Daytime Telephone 1   | Number    |
| ,               | Registr<br>Division<br>Clifton<br>2661 E | et/Courier address: ration Section on of Corporations a Building executive Center Circle assee, Florida 32301 |              | Reg<br>Div<br>P.O | ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314 |           |
|                 | Enclos                                   | sed is a check for the following  | amount:      |                   |   |           |
|                 | □ \$25                                   | Filing Fee  | •            | <b>2</b> \$5:     | Filing Fee & Certified Copy   |           |

INHS18 (2/14)

## 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.

| Na  | me of the limited liability company:   | AP CONST   | RUCTIO  | ON SEF   | RVICES, LLC.  |   |
|---|--|--|---|--|---|---|
| (a) .                                     | 2330 W 80 St. Bay #7, Hialeah  | ı, FL 33016  | (b)   | 2330 W   | / 80 St. #7, Hialea   | h, FL 33016   |
| .,.                                       | Principal office address of limited liabili (Note: MUST BE STREET ADD  |  | - (=)   | ı  | Mailing address of limited<br>(Note: MAY BE POST  |   |
|   | 09-22-2014   |  | - <u>-</u><br><u>L1</u>                                       | 200007   | 75002   |   |
|   | Date of filing/registration in Fl  | orida  | 4.  |  | Document number   |   |
| (a)                                       | BLANCO ACCOUNTING I, INC   | Σ.   |   |  |   |   |
|   | Registered Agent and Registered Office shown of  | n the records of the   | e Florida De  | pt. of State   | ·<br>•  | =0  |
|   | 2401 West 72 St., Suite #1   | _  |   |  |   | 16 FEB  |
|   | Registered Office Address (MUST BE FLO)  | RIDA STREET AD   | DRESS)  |  |   | 声 驾   |
|   |  | ·  | , <del></del>   |  |   | Signer Ca   |
|   | Hialeah  | . FL <b>3</b> :  | 3016  |  |   | PH TO   |
| (b) _                                     | Jose F. Alonso<br>Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>  | EW Registered O  | ffice addres  | <u>s</u> :   |   | CORIDA:   |
|   | NEW Registered Office Address:   |  | <del></del>   |  |   |   |
|   | 2330 W 80 St. Bay #7   |  |   |  |   |   |
|   | Hialeah  | FL 3:  | 3016  |  |   |   |
| chan<br>nt wi<br>s/wer<br>artic           | nited liability company is not organized ge or changes are made, the Florida strell be identical. Or, in the case of a Flor e authorized by an affirmative vote of the organization or the operating agreements. | under the laws<br>eet address of th<br>ida limited liabi<br>he members of t<br>eement of the lir | of the State registered ility comparts the limited mited liab | ed office<br>any, it is<br>I liability<br>Ility comp<br>CAY. A | and the business offi<br>hereby confirmed the<br>company or as other<br>pany.<br>ALONSO                             | ce of the registere<br>at the change(s)<br>wise provided in |
| ereby<br>visio<br>oblig<br>nerel<br>ified | of Registered Apont  | gent and agree   | to act in a<br>erformanc<br>or in Cha<br>reby confi           | this capa  | Printed or typed name of city. I further agree wites, and I am famil F.S. Or, if this document limited liability co | to comply with the  |

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