

L13000/04040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

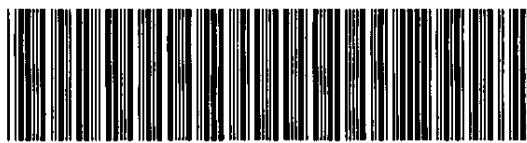
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/14--01025--018 **35.00

APPROVED
AND
FILED
14 SEP 19 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX
SEP 2 2 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: App Marketing LLC
Name of Corporation

DOCUMENT NUMBER: L13000104040

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blake Freda

Name of Contact Person

App Marketing LLC

Firm/Company

11874 Osprey Pointe Circle

Address

wellington, fl 33449

City/State and Zip Code

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

For further information concerning this matter, please call:

Blake Freda

Name of Contact Person

at 561 531 7218

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2014

BLAKE FREDA
12683 WHITE CORAL DR
WELLINGTON, FL 33414

SUBJECT: APP MARKETING LLC
Ref. Number: L13000104040

We have received your document for APP MARKETING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please print the information on the document so it can be read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 214A00017289

RECEIVED
14 SEP 19 PM 2:24
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: App Marketing LLC

2. The principal office address: 12683 White Coral Drive Wellington, FL 33414

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/23/13 Document number: L13000104040

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United States Corporation of Agents LLC

13302 Winding Oaks Court Suite A

Tampa, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Blake Freda

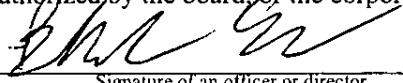
11874 Osprey Pointe Circle

P.O. Box NOT acceptable

Wellington, FL 33414

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

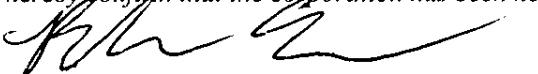


Signature of an officer or director

Blake Freda - President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

9/13/14

Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

14 SEP 19 PMJ:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED