## 713000120818

(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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S. WARREN AUG 1 8 2017

## COVER LETTER.

TO:	Registration Section Division of Corporations								
SUBJE	American Power & Gas of Ohio, LLC								
Name of Limited Liability Company									
Dear Si	r or Madam:								
The enc	losed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.							
Please r	eturn all correspondence concerning th	is matter to the following:							
Lisa B	arry								
	Name of Person	<del></del>							
Ameri	can Power & Gas of Ohio, LLC								
	Firm/Company								
10601	Belcher Road South								
	Address								
Semin	ole, FL 33777								
	City/State and Zip Code								
corpor	rations@goapg.com								
E-	mail address: (to be used for future ann	ual report notification)							
For furt	her information concerning this matter.	please call:							
Lisa B		727 479-0731							
	Name of Person	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							

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

1.	Na	me of the limited liability company: America	an Pow	er & Gas	of Ohi	io, LLC			
2. (			(b) same as office address						
·	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· ( / <u>—</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		10601 Belcher Road South				Trote mir bir oc	,, <u>v</u>	11101	. 00.1
		Seminole, FL 33777							· · · · · · · · · · · · · · · · · · ·
		3/05/2012							
3.		Date of filing/registration in Florida		4.		Document number			
5.	(a)	Cummins, Tom							
		Registered Agent and Registered Office shown on the rec	cords of the	: Florida Dep	ot, of State	_ e;			
		Registered Office Address (MUST BE FLORIDA ST	<u>-</u>		17 £				
		Seminole	FL_3	3777		- 		Fil AUG I	
(b	b) _	Northwest Registered Agent, LLC	11 PH 4: 32 VI 1 PH 4: 32 VI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	- 10000 10001F		£				
		Northwest Registered Agent, LLC				- 5. S.			
		NEW Registered Office Address:							
		3030 N. Rocky Point Dr. STE 150A				_			
		Tampa	, FL_33607		<del></del>	-			
the dager was	chai it w /we	mited liability company is not organized under nge or changes are made, the Florida street add fill be identical. Or, in the case of a Florida lim re authorized by an affirmative vote of the men cles of organization or the operating agreement	ress of that nited liab nbers of	e registere ility compa the limited nited liabi	ed office any, it is liability lity com	e and the business of shereby confirmed y company or as oth npany.	ffice	e of th the ci	e registered hange(s)
			Tom C	ummir					
Signature of a member or authorized representative of a member						Printed or typed name		_	
prov the o to m	usic obli ere	y accept the appointment as registered agent a ons of all statutes relative to the proper and con gations of my position as registered agent as p ly reflect a change in the registered office addi 'in writing of this change.	md agree mplete pe provided j ress, I he	to act in terformance for in Chapreby confir	his capa e of my coter 605 on that i	acity. I further agroduties, and I am fan J. F.S. Or, if this do the limited liability	e to tilia cum com	comp r with nent is npany	oly with the and accept being filed has been

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

Signature of Registered Agent

Tom Glover, Manager