

L13000150818

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

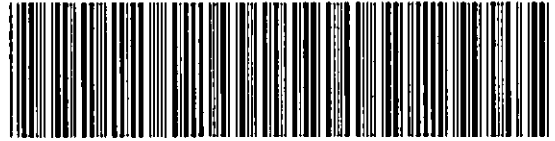
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 14 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AMERICAN POWER & GAS OF OHIO, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Barry

\_\_\_\_\_  
Name of Person

American Power & Gas, LLC

\_\_\_\_\_  
Firm/Company

10601 Belcher Road South

\_\_\_\_\_  
Address

Seminole, FL 33777

\_\_\_\_\_  
City/State and Zip Code

regulatory@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  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

\_\_\_\_\_, Florida \_\_\_\_\_  
*City* *Zip Code*

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGING MEMBER/ MANAGER	AP&G Holdings, LLC	10601 Belcher Road South	<input checked="" type="checkbox"/> Add
		Seminole, FL 33777	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Tom Cummins	10601 Belcher Road South	<input type="checkbox"/> Add
		Seminole, FL 33777	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
President	James Bridgeforth	10601 Belcher Road South	<input type="checkbox"/> Add
		Seminole, FL 33777	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 27 April, 2020

*Clayton Kimmey*  
Signature of a member or authority

Signature of a member or authorized representative of a member

Claire Lochwing

Typed or printed name of signee

**Filing Fee: \$25.00**