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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
Aprisa Express, 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 n	iatter to the following:				
David M. Smith					
Name of Person					
The Law Office of David M. Smith					
Firm/Company					
2777 Allen Parkway, Suite 1000					
Address					
Houston, Texas, 77019-2165					
City/State and Zip Code					
dmsmith@dmslegal.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ease call:				
David M. Smith	713 8540148				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
■ \$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.

1. Na	ame of the limited liability company: Aprisa Expres	s, LLC			
2. (a)	7950 N.W. 77 STREET SUITE #4	_ (b)	2777 ALL	LEN PARKWAY,	SUITE 1000
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	M	liability company: OFFICE BOX	
	MEDLEY, FLORIDA. 33195-2133		HOUSTO	ON, TEXAS. 7701	9 -2165
	MAY 15, 2014	 L	_14000083	3584	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	VICTOR VACCARI				
	Registered Agent and Registered Office shown on the records of the 7582 N.W. 74 TH AVE	he Florida	Dept. of State:	<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET A	AHASS AHASS	SSAHA SSAHA F- 432		
	, FL	33166		HTC HTC 14 TQ	
(b)	MARTHA RAMOS			CORIE ORIE	e C
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	Sand of the sand o	
	7950 N.W. 77 STREET, SUITE #4				
	NEW Registered Office Address:				
	MIAMI				
	M; 3m; , FL	33195-2	2133		
the cha agent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist bility con f the limi limited li	tered office and the state of t	and the business off hereby confirmed the company or as other	ice of the registered nat the change(s) rwise provided in
Signa	flute of a member or authorized representative of a member			Printed or typed name of	signee
I here provise the obj to mer notifie	by accept the appointment as registered agent and agre fons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect archange in the registered office address, I h d in writing of this change.	ee to act performa I for in C sereby co	in this capa nce of my d hapter 605, nfirm that th	city. I further agree luties, and I am fami, F.S. Or, if this doci he limited liability co	to comply with the liar with and accept ument is being filed ompany has been
Signatu	ire of Registered Agent				