1400115566

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to 1 limity Officer.							

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D. SCOTT SEP 1 5 2017

COVER LETTER

. .	on of Corporations	
SUBJECT:	APB SERVICE	E LLC
SUBJECT: _		of Limited Liability Company
Dear Sir or Ma	adam:	
The enclosed I	Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return a	all correspondence concerning this r	matter to the following:
ANN	JA PINHEIRO	
	Name of Person	
ሊሰላ	CTDUICE	
APB	SERVICE LLC Firm/Company	
	. miz company	
5323	, MILLENIA LAW	ES BLVD, SUITE 375
	Address	
001 60	150 Ft 2182a	
UZCHI	City/State and Zip Code	
	Only to all a risp code	
	PINHEIRO @ CERT	
t:-mail ac	ddress: (to be used for future annua	il report notification)
For further inf	ormation concerning this matter, pl	lease call:
Auser	A (1)	1.07
ANNA	PINHEIRO Name of Person	at (407) 775 (715 Area Code & Daytime Telephone Number-
		·
	CET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section on of Corporations	Registration Section
	on or Corporations n Building	Division of Corporations P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
	assee, Florida 32301	Tananassee, Florida 52517
Enclos	sed is a check for the following ar	mount:
	6	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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	ume of the limited liability company:APBSI	ERVIC	E LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		ILLENIA g address of limit e: MAY BE PO	ed liability com	pany:
	SVITE 375		SUITE	375		
	ORLANDO, FL 32839	_	ORLAND	O, FL	32839	
3.	O7 22 2014 Date of filing/registration in Florida	4.		001155 ument number		
	ANNA HALINA PINHEIRO					
	Registered Agent and Registered Office shown on the records of the					
	12200 W COLONIAL De, SU		300L			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>				
	WINTER GARDEN FL	347	87		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u> </u>
(b)					<u>.</u>	- 1
	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	<u>'ess</u> :		بسر بسر نورن بسر	بسد. سد
	5323 MILLENIA LAKES NEW Registered Office Address:	BLV	<u>D</u>			5 5
	SUITE 375	···				
	ORLANDO ,FL	328	39			
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility con f the limit	ered office and npany, it is here ed liability con	the business of the confirmed of the con	office of the r that the char	registered rgc(s)
	ture Piulius			PINHEIR		
Signa	ture of a member or authorized representative of a member		Print	ed or typed name	e of signee	
provis the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to act i performa I for in Cl ereby cor	n this capacity. nce of my dutie. napter 605, F.S nfirm that the li	I further agi s, and I am fa . Or, if this d mited liability	ree to comply miliar with a ocument is be company ha	with the nd accept ring filed s been

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

Anno

Signature of Registered Agent

P: which