1500007359

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





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368/037

Re: APP INVESTORS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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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:	APP INVESTORS	SLLC						
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5118 N 56TH STREET		_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5118 N 56TH STREET					
		TAMPA, FL	33610	- -	TAMPA, I	FL 33610				
3.		01/13/2015 Date of filing/registration in	ı Florida	4.	L1500000	7359 Document nur	nber			
5. ((a)									
		Registered Agent and Registered Office show	ered Agent and Registered Office shown on the records of the NTYRE, RICHARD J ered Office Address (MUST BE FLORIDA STREET AD)			:		N 2		
(1	b)						ALLANASS T			
		1201 Hays Street NEW Registered Office Address:	or <u>NEW Registered C</u>				ESTATE OF THE SERVICE	> 0: e		
		Tallahassee		32301) tipe	Ē		
the dager	ha it w we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a Fore authorized by an affirmative vote of the operating a	street address of the florida limited liab of the members of	he regist pility cor the limit	ered office npany, it is ted liability	and the busing hereby confirmation or a	ess offic med tha	e of th t the ch	e registered nange(s)	
/S/ ALBERTO DE ALEJO				Alber	Alberto De Alejo, Authorized Person					
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fill 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. Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President							oly with the and accept being filed has been			