

115 0000 32194

(Requestor's Name)

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(Business Entity Name)

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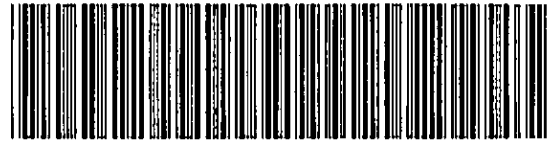
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Associated Professional Design, LLC
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 matter to the following:

Cynthia Meier
Name of Person

Associated Professional Design, LLC
Firm/Company

400 S Dixie Highway, Suite 411
Address

Boca Raton, FL 33432
City/State and Zip Code

Cynthia @ apd-engineering.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Meier at (561) 419-4931
Name of Person Area Code & Daytime Telephone Number

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

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. Name of the limited liability company: Associated Professional Edgjn, LLC

2. (a) Principal office address of limited liability company: 500 NE Spanish River Blvd.
Suite 203, Boca Raton FL 33431
(Note: MUST BE STREET ADDRESS)
(b) Mailing address of limited liability company: SECRETARY OF STATE
TALLAHASSEE, FL
(Note: MAY BE POST OFFICE BOX) MAY 16 PM 3:15

3. Date of filing/registration in Florida: 2/20/15
4. Document number: L15000032194

5. (a) Cynthia Meier
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address: MUST BE FLORIDA STREET ADDRESS
500 NE Spanish River Blvd., Suite 203
Boca Raton FL 33431

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
400 S. Dixie Highway, Suite 411
Boca Raton FL 33432

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member: Sean Geary
Printed or typed name of signer: Sean Geary

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.

Signature of Registered Agent: Cynthia Meier

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