

L16000 103 644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

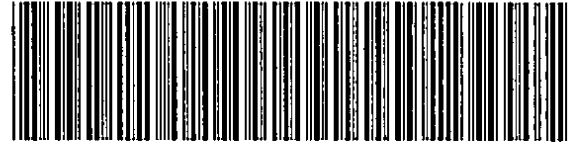
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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JAN 07 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apex Business Funding 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:

James Pineo

Name of Person

Apex Business Funding LLC

Firm/Company

235 3rd Ave N, Suite 621

Address

St Petersburg, FL 33701

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Pineo

at (702) 727-0107

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

18 DEC 21 PM 8:03
TALLAHASSEE, FLORIDA

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: Apex Business Funding LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
235 3rd Ave N, Suite 621
St Petersburg, FL 33701

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
235 3rd Ave N, Suite 621
St Petersburg, FL 33701

3. 05/26/2016 Date of filing/registration in Florida
4. L16000103644 Document number

5. (a) James Pineo
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
111 2nd Ave NE, Suite 900
St Petersburg, FL 33701

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

NEW Registered Office Address:
235 3rd Ave N, Suite 621
St Petersburg, FL 33701

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.

James Pineo
Signature of a member or authorized representative of a member

James Pineo
Printed or typed name of signee

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.

James Pineo
Signature of Registered Agent

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18 DEC 21 AM 8:03
TALLAHASSEE, FLORIDA