LICO	000	148	377

.

۶

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



08/04/21--01013--020 **385.00



ALL A

COVER LETTER

· · ·

Amendment Section TO: **Division of Corporations**

SUBJECT: APOLLO WPB LLC Name of Corporation

DOCUMENT NUMBER: 16000148377

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wallace Rodecker	
Name of Contact Person	<u> </u>
ARES WPB, LLC	
Firm/Company	
17284 Newhope St #222	
Address	
Fountain Valley, CA 92708	
City/State and Zip Code	
wallace@rodecker.com	
E-mail address: (to be used for future annual repo	ort notificat

For further information concerning this matter, please call:

Wallace Rodecker	at $(^{714})^{241-7368}$
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)