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Office Use Only



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INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJI	American Power & Gas of MD, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this ma	atter to the following:					
Lisa I	Barry						
	Name of Person						
Amer	rican Power & Gas of MD, LLC						
	Firm/Company						
1060	1 Belcher Road South						
	Address						
Semi	nole, FL 33777						
	City/State and Zip Code						
corpo	orations@goapg.com						
[3	-mail address: (to be used for future annual r	eport notification)					
For fur	ther information concerning this matter, plea	se call:					
Lisa E	Barry at	727 479-0731					
	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					

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.

i.	Na	me of the limited liability company:	American Pow	er & Gas of M	D, LLC			
2.	(a)				as office address			
		Principal office address of limited lia (Note: MUST BE STREET A.) 10601 Belcher Road South			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		TOOUT BEICHE ROad South			.			
		Seminole, FL 33777						
		3/05/2012						
3.		Date of filing/registration in	Florida	4.	Document number		-	-
5.	(a)	Cummins, Tom						
	()	Registered Agent and Registered Office show	on the records of th	e Florida Dept. of St	ate:	- e:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 10601 Belcher Road South				0)		
	(b)	Seminole	, FL	33777	_	VISIO	17 A	سوسه
		Northwest Registered A	Agent, LLC			F 05	17 AUG I I	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		_	<u>설</u> 최	P .		
		Northwest Registered Agent, L	LC	3777 Mice address: ON OF COM OF AND				
		NEW Registered Office Address:			_	2	₿ø.	
		3030 N. Rocky Point Dr. STE	150A		_			
		Tampa	FL_	33607	_			
the age	cha ent w s/we	mited liability company is not organizing or changes are made, the Florida will be identical. Or, in the case of a Fire authorized by an affirmative vote of the organization or the operating a	street address of t Torida limited liab of the members of	he registered offi pility company, it the limited liabil	ce and the business offi is hereby confirmed the ity company or as other	ice of that the c	he regi :hange	stered (s)
_	_		>	Tom Cumm	ins			
- 3	ignat	ure of a member or authorized representative of	of a member		Printed or typed name of	signee		
pro the to i	ovisie obli mere	oy accept the appointment as registere ons of all statutes relative to the propi igations of my position as registered a ly reflect a change in the registered of I in writing of this change.	ed agent and agre er and complete p igent as provided iffice address. I he	e to act in this ca erformance of m for in Chapter 6(ereby confirm tha	pacity. I further agree y duties, and I am famil 05, F.S. Or, if this docu t the limited liability co	to com iar wit ment i, mpany	ply with and a s being thas be	th the accept filed een

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

Tom Glover, Manager

Signature of Registered Agent