L11000013136

| (Reque | stor's Name) | |
|-------------------------------|---------------|-------------|
| (Addre: | 5 S) | |
| (Addre | ss) | |
| (City/Si | tate/Zip/Phon | ie #) |
| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Na | me) |
| (Docum | nent Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filir | ng Officer: | |
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Office Use Only



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08/11/17--01021--001 **25.00



D SCOTT AUG 1 7 2017

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------|--|-------------------|--|--------------------------------|
| SUBJ | American Power & Gas of | ΓX, LLC | | |
| 00170 | | me of Limited 1 | Liability Company | |
| Dear S | ir or Madam: | | | |
| The er | closed Registered Agent/Registered Off | fice Change an | d fee(s) are submitted for filing. | |
| Please | return all correspondence concerning th | nis matter to the | e following: | |
| Lisa | Barry | | | |
| | Name of Person | | | |
| Amei | rican Power & Gas of TX, LLC | | | |
| | Firm/Company | | | |
| 1060 | 1 Belcher Road South | | | |
| | Address | | | |
| Semi | nole, FL 33777 | | | |
| | City/State and Zip Code | | <u> </u> | ماران المستور ماران المستور |
| corpo | orations@goapg.com | | | |
| 15 | -mail address: (to be used for future and | nual report noti | itication) | |
| For fu | ther information concerning this matter | , please call: | | • |
| Lisa E | Barry | 727 at (| ⁴⁷⁹⁻⁰⁷³¹ | |
| | Name of Person | | Area Code & Daytime Telep | ohone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R D P. | IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | |
| | Enclosed is a check for the following | amount: | | |
| | ☑ \$25 Filing Fee | - S | 555 Filing Fee & Certified Copy | |

INHS18 (2/14)

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

| (a) | | (b) sa | ame as office address |
|-----|---|----------------------------|---|
| (4) | Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>) | pany; | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 10601 Belcher Road South | | |
| | Seminole, FL 33777 | | |
| | 3/05/2012 | l | L170007B136 |
| | Date of filing/registration in Florida | 4. | Document number |
| (a) | Cummins, Tom | | |
| () | Registered Agent and Registered Office shown on the re | ecords of the Florida Dept | t. of State: |
| | Registered Office Address (MUST BE FLORIDA S | TREET ADDRESS) | |
| | Seminole | FL_33777 | |
| (b) | Northwest Registered Agent, LLC | | |
| | Enter name of NEW Registered Agent and/or NEW Re | egistered Office address: | |
| | Northwest Registered Agent, LLC | | |
| | NEW Registered Office Address: | | |
| | 3030 N. Rocky Point Dr. STE 150A | | |
| | | . FL_33607 | |

erating agreement of the limited liability company.

Tom Cummins

Signature of a member or authorized representative of a member

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.

Tom Glover, Manager Signature of Registered Agent