

L18000102445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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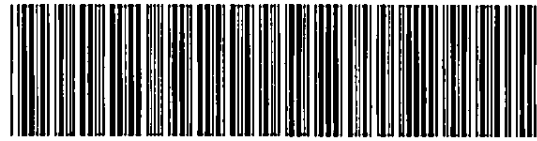
(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: APOLLO WPB LLC  
Name of Corporation

DOCUMENT NUMBER: L18000102445

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

APOLLO 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 report notification)

For further information concerning this matter, please call:

Wallace Rodecker

Name of Contact Person

at (714) 241-7368

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