## 120000380918

(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
70 F						
(Business Enlity Name)						
(Document Number)						
Certified Copies Certificates of Status						
·						
Special Instructions to Filing Officer:						

Office Use Only



300369831923

07/16/21--01009--003 \*\*25.00



AUG - 1 2021 C Kinse

## 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.	Na	me of the limited liability company: A&P Ent	erprise	SOTE	ort Myers Florida	
2. (						
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mail	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		01/01/21		2000038		
3.		Date of filing/registration in Florida	4.	De	ocument number	
5. (	(a)	Ashley Cordrey  Registered Agent and Registered Office shown on the records of the Florida Dept. of State  10900 Legacy Gateway Cir Unit 419  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					SEC SEC	
					ECRETARY TALLLAHAS	
		Fort Myers FI	33913		A € M	
(b	<b>(h)</b>	Registered Agents Inc			<b>D</b> 9:01 9:7 <sub>FL</sub> 7, FL	
	(U)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		7901 4th St N				
		NEW Registered Office Address:				
		STE 300				
		St. Petersburg	33702			
the age was	cha nt v /wc	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the register iability comp of the limite	ed office ar pany, it is he d liability co	id the business office of the registered creby confirmed that the change(s) ompany or as otherwise provided in	
S	Enal	ure of a manber or authorized representative of a member		<u> </u>	inted or typed name of signee	
I h pro the to n nat	erel visi obl nere ifjed	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	r pertormana	this capaci se of my dut opter 605, F irm that the	ty. I further agree to comply with the	

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