20000330918

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SEP - 9 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2022

A&P ENTERPRISES OF FORT MYERS FLORIDA 3230 SOUTHGATE CIRCLE #79 SARSOTA, FL 34239

SUBJECT: A&P ENTERPRISES OF FORT MYERS FLORIDA LLC

Ref. Number: L20000380918

We have received your document for A&P ENTERPRISES OF FORT MYERS FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 222A00019479

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	A&P Enterprises of Fort Myers Florida LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered (Office Change and i	ec(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to the f	ollowing:				
Paul Co	ordrey						
	Name of Person		_				
A&P E	nterprises of Fort Myers Florida LLC						
	Firm/Company	,					
3230 S	outhgate Circle #79						
	Address		_				
Sarasot	a, Florida 34239						
	City/State and Zip Cod	2	_				
contact	s@smccbyprofessionals.com						
E	-mail address: (to be used for future a	innual report notific	cation)				
For fur	ther information concerning this mat-	er, please call:					
Paul Co	ordrey	941 at (223-5998				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	ng 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.

1. Na	ame of the limited liability company: A&P Enterprises	of Fort M	lyers Florid	a LLC	
2. (a)	3230 Southgate Circle #79	{	(b) 3230 Southgate Circle #79		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	
	Sarasota, Florida 34239	 .	Sarasota,	Florida 34239	
		_			
	12/07/2020		L20000380	0918	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agents Inc				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 7901 4TH ST N			ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 300			_	
	ST PETERSBURG EI	33702			_
	Paul Cordrey Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				2022 SEP -9 PH 1:1
					9 PH
	NEW Registered Office Address:				1: 46 CTATE LORIDA
	3230 Southgate Circle #79	<u> </u>			46 10A
	Sarasota . F1	34239			
change agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light guthorized by an affirmative vote of the members of dos of organization of the operating agreement of the	ws of the register ability co of the lir limited	ed office a ompany, it nited liabil	nd the business office is hereby confirmed th ity company or as othe	of the registered nat the change(s)
Signa	ture of a member or authorized reprysentative of a member			Printed or typed name o	f signee
provisi the obl to mer notifie	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igntions of my position as registered agent as provide by reflect a change in the registered office address. It is marriage to the change of the change.	perform d for in	ance of mi Chapter 60	: duties, ànd 1 am famil)5. F.SOr. if this doci	liar with and accept ument is being filed

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