

L21000198253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

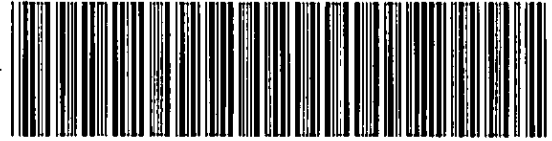
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AP LIVING SOLUTIONS, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L21000198253

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:

KEYLA SMITH

Name of Contact Person

KEY CONSULTING, LLC

Firm/Company

123 SE 3RD AVENUE, # 198

Address

MIAMI, FL 33131

City/State and Zip Code

ESQUIRE.KJS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEYLA SMITH

Name of Contact Person

at ( 305 ) 349-3662

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

**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. Name of the limited liability company: AP LIVING SOLUTIONS, LLC

2. (a) 2511 N HIATUS RD, #414 (b) 2511 N HIATUS RD, #414  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
HOLLYWOOD, FL 33026 HOLLYWOOD, FL 33026

3. April 28, 2021 4. L21000198253  
 Date of filing/registration in Florida Document number

5. (a) STEVE PIERRE  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
504 EAST ATLANTIC  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
#226  
DELRAY BEACH, FL 33483

(b) KEY CONSULTING, LLC  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
123 SE 3rd Avenue  
NEW Registered Office Address:  
#198  
MIAMI, FL 33131

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Altanese Phenalus  
Signature of a member or authorized representative of a member

ALTANESE PHENALUS  
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.*

Keryla  
 Signature of Registered Agent