123000324204

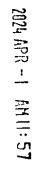
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
UMils				

Office Use Only



900426217319

04/01/24--01031--004 **25.00





COVER LETTER

TO:		stration Section sion of Corporations				
CHRII	F <i>C</i> T∙	APEX PROPERTY ACQUISIT	IONS, LLC			
0000		Name of Limited Liability Company				
Dear S	ir or N	/ladam:				
The en	closed	Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.		
Please	return	all correspondence concernin	g this matter to t	he following:		
ADAN	1 B. ED	OGECOMBE				
	_	Name of Person				
COBB	& GO	NZALEZ, P.A.				
		Firm/Company				
4655 S	ALISB	EURY ROAD, SUITE 200				
		Address				
JACKS	SONVI	LLE, FL 32256				
		City/State and Zip Coo	de			
E	E-mail	address: (to be used for future	annual report no	otification)		
For fu	rther in	nformation concerning this ma	tter, please call:			
ADAM	ß, ED	одесомве	904 at (822-8001		
		Name of Person		Area Code & Daytime Telephone Number		
	Reg Divi P.O.	ling Address: Istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	osed is a check for the follow	ving amount:			
	- \$3	25 Filing Fee	ت	\$55 Filing Fee & Certified Copy		
INHST	8 (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 Florida.

l. No	ame of the limited liability company: APEX PROPER	TY ACQUISI	TIONS, I.I.C			
2. (a)	3744 HAMP HICKS RD	(b) ³	744 HAMP HICKS RD			
• /	(Note: MUST BE STREET ADDRESS) BRYCEVILLE, FL 32009		(Note: MAY BE POST OFFICE BON) BRYCEVILLE, FL 32009			
	7/10/2023		3000324204			
	Date of filing/registration in Florida	7	Execument number			
5. (a)	BRIAN C. ZURAVNSKY					
	Registered Agent and Registered Office shown on the records of 3744 HAMPHICKS RD	pt. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	BRYCEVILLE	32009				
(b)						
	COBB & GONZALEZ; ADAM B. EDGECOMBE					
	Finter name of NEW Registered Agent and/or NEW Registered	H '				
	4655 SALISBURY ROAD					
	NEW Registered Office Address: SUITE 200					
	JACKSONVILLE	L. <mark>32256</mark>				
hange igent vas/w he art Signa I here in ovisi he obli he otifie	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liete authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member thy accept the appointment as registered open and against of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflecting this change.	e registered of the limited liab	office and the business office of the registered cany, it is hereby confirmed that the change(s) diability company or as otherwise provided in ility company. Printed or typed name of signee			

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

INHS18 (2/14):

2024 APR - 1 AM 11: