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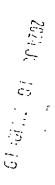
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Special Instructions to Filing Officer:					
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COVER LETTER

Division of Corporations		
Apollo South Company LLC		
	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Mark Francazio		
Name of Person		
Firm/Company		
330 Sunny Isles Blvd. Unit 1106		
Address		
Sunny Isles Beach, FL, 33160		
City/State and Zip Code		
mark@zio-group.com		
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	all:	
Mark Francazio 33	0 904-4369	
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 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. N	ame of the limited liability company: Apollo South Co	mpany l	LLC	
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` ' -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	323 Sunny Isles Blvd. Suite 737		7	330 Sunny Isles Blvd. Unit 1106
	Sunny Isles Beach, FL, 33160		-	Sunny Isles Beach, FL, 33160
	8/9/23		L2	23000374459
3.	Date of filing/registration in Florida	4.		Document number
5. (a))			
(-)	Registered Agent and Registered Office shown on the records of Corporation Service Company		ida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	 :SS)	
	1201 Hays Street			
	Tallahassee , FI	32301		
				F.)
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	<u>addr</u>	<u>ress</u> :
	Mark Francazio			C) .
	NEW Registered Office Address:			
	330 Sunny Isles Blvd, Unit 1106			
				. 23
	Sunny Isles Beach , FI	33160		
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the li limited	ered comp imited d liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signa	attre of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide cly reflect a change in the registered office address, I dim writing of this change.	perfori d för in	mano 1 Cho	ce of my duties, and I am familiar with and accept anter 605 F.S. Or if this document is being filed
Signatu	ire of Registered Agent			