## L23000443890

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S. PRATHER

## COVER LETTER

TO: Registration Section Division of Corporations								
APRK4 LLC SUBJECT:	·							
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.							
Please return all correspondence concerning thi	is matter to the following:							
Leah Wyant								
Name of Person								
Wyant Law Offices								
Firm/Company								
4550 W Thorncrest Drive								
Address								
Franklin, WI 53132								
City/State and Zip Code								
lwyant@wyantlaw.com								
E-mail address: (to be used for future ann	ual report notification)							
For further information concerning this matter.	please call:							
Leah Wyant	414 391-7263 at ()							
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.

I. Na	ame of the limited liability company: APRK4 LLC					
2. (a)	4520 W Woodmere Road, Tampa, Florida 33609	(h	(b) 4520 W Woodmere Road, Tampa, Florida (			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS		
	4520 W Woodmere Road		4520 W W	Voodmere Road		
	Tampa, Florida 33609		Tampa, Fl	lorida 33609		-
	September 25, 2023		L23000443	890		
3.	Date of filing/registration in Florida	4.		Document number	<u>.                                    </u>	
5. (a)	Alan M. Bumberg					
J. (a)	Registered Agent and Registered Office shown on the records o	of the Florida	Dept. of Stat	— te:		
	Alan M. Bumberg					
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS	_ <del></del>	_		~3
	16013 Ternglade Drive				F.,	D7.4
	Lithia	US 3354	7	_		(F)
		12		_	•	3
(b)	Thomas Schafer			_	-	휠.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office add	lress:		•	- !
	Thomas Schafer					િ
	NEW Registered Office Address:			_		
	4520 W Woodmere Road			_		
	Tampa	L				
change agent w was/we the artic Signat	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the une of a member or authorized representative of a member	nws of the registere iability cor of the limited linited linit	d office an upany, it is ted liability commas Schafer.	d the business offices hereby confirmed to y company or as oth apany.  Manager and Sole Manager and Sole Manager and Sole Manager and Sole Manager and James and Lam tanger	e of the regis that the char terwise prov ember of signec e to comply tiliar with in	stered nge(s) ided in  with the
the obli to mere notifica	ins of all statutes retaine to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ed for in C hereby co.	haptér 605 nfirm that i	, F.S. Or, if this doc the limited liability c	cument is be company ha.	ing filéd s been