L23000505565

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Crystates Eyes states and
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2023 DEC 14 AH 10: 21

COVER LETTER

Division of Corporations				
AP Equity Holdings SUBJECT:				
	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ige and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Melody Faghih				
Name of Person	7023			
AP Equity Holdings	WZ3 DEC 1 4			
Firm/Company				
3890 Carrara Court				
Address	. 			
Wesley Chapel, FL 33543				
City/State and Zip Code				
Melody@apequity.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this matter, please of	eall:			
Melody Faghih 30 at (03 995-9473			
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	t:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (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.

1. N	ame of the limited liability company: AP Equity Holdi	ngs LL	.C 		
2. (a)	382 NE 191st ST #672817		(b	382 NE 19	91st ST #672817
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami. FL US 33179			Miami, FL	. US 33179
	11/07/2023			L23000505	565
3.	Date of filing/registration in Florida		•		Document number
5. (a)	United States Corporation Agents, Inc.				
). (d)	Registered Agent and Registered Office shown on the records of	the Flo	orida	Dept. of State	
	476 Riverside Ave				
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	<u>ESS</u>	2	_
	Jacksonville, F	L 3220	2	<u></u>	[=] 2023 DEC
(b)	Melody Fashih				- DEC
	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	e ad	dress:	
	3890 Carrara Court				AH 10: 2
	NEW Registered Office Address:				. 22
				· · · · · ·	-
	Wesley Chapel	3354 L	3		
change agent was/w the art	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regis iability of the	tere / co lim	d office and inpany, it is ited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
<u> </u>	ature of a member or authorized representative of a member	1	Melo	ody Faghih	
	•				Printed or typed name of signee
provis the ob to mer	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 ely reflect a change in the registered office address, I d in writing of this change.	ree to e perfo ed for l hereb	act rma in C y co	in this capa ince of my a hapter 605 infirm that t	acity. I further agree to comply with the duties, and I am familiar with and acceps, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent