## (M)

## 11400000003

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PICK-UP	☐ WAIT	MAIL				
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## COVER LETTER

TO: Registration Section Division of Corporations	
APFL Holdings LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Anthony Preza	
Name of Person	
Firm/Company	
3330 NE 190th Street Unit 2111	
Address	
Aventura F1. 33180	
City/State and Zip Code	
Anthony@parkplusparking.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Anthony Preza 3-	47 582-0494
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.	Na	me of the limited liability company: APFL Holdings LL	.C	<u>.</u>		
2.		3330 NE 190th Street	(b) 4069 Victory Blvd			
'	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Unit 2111		Staten	Island NY 10314	
		Aventura FL 33180	<u> </u>			
		12/28/2023		L240000	001033	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Capital Corporate Services Inc				
٥.	(2)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		515 East Park Avenue 2nd Fl				
		Tallahassec F1	32301			
		, , ,			<del></del>	
	(b)	Anthony Preza  Enter name of NEW Registered Agent and/or NEW Registered 9				
		3330 NE 190th Avenue				
		NEW Registered Office Address:			· ·	
		Unit 2111			<del></del>	
		Amatur	33180			
		Aventura	22100			
cha ago wa the	inge int v s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egiste oility e the lii imited	red office ompany, nited liab	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
S	igha	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to i	visi obl nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had I inspriting of this change.	e to ac perforn for in ereby c	et in this en nance of i Chapter confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Sig	natu	fe of Registered Agent				