

L24000001d30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

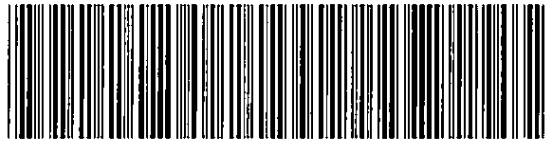
(Document Number)

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JUL 15 2024

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2024 JUL 24 11:12:25
JUL 24 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP-NP Holdings LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change 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 FL 33180

City/State and Zip Code

Anthony@parkplusparking.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Preza at (347) 582-0494

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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. Name of the Limited Liability Company:

AP-NP Holdings LLC

2. (a) 3330 NE 190th Street

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Unit 2111

Aventura FL 33180

(b) 4069 Victory Blvd

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Staten Island NY 10314

12/28/2023

3. Date of filing/registration in Florida

L24000006630

4. Document number

5. (a) Capitol Corporate Services, Inc

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

Tallahassee

FL 32301

(b) Anthony Preza

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3330 NE 190th Street

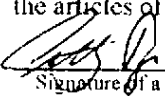
NEW Registered Office Address:

Unit 2111

Aventura

FL 33180

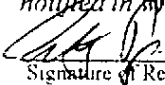
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Anthony Preza

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Anthony Preza

FILED
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