## M0000001970

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B. KOHR

OCT 2 1 2009

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE : 156502

5166594

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 15, 2009

ORDER TIME : 10:46 AM

ORDER NO. : 156502-051

CUSTOMER NO: 5166594

CHANGE OF AGENT

NAME: API NO. 2, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: API NO. 2	2, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Madison, NJ 07940
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3 Giralda Farms Madison, NI 07940  M0000001970 4. Document number on the records of the Florida Dept. of State:
09/25/2000	M00000001970
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, FL 33331
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	reet address of the registered office and the business
(Signature of a member or authorized representative of a member)	
(Signature of a memoer or authorized representative of a memoer)	
Maureen Cullen, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notified to make the limited company has been notified to make the limited liability company.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.
(Signature of Registered Agent) Michelle R. Vannov, Asst.	
Division of Corporations, P.O. B	ox 6327, Tallahassee, FL 32314

FILING FEE: \$25.00