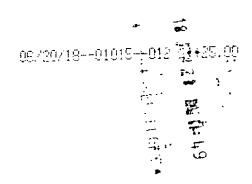
## M14000003527

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN 21 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Apex Parks Group,	LLC
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jeff Santoni	
Name of Person	
Apex Parks Group, LLC	
Firm/Company	<del> </del>
27061 Aliso Creek Road Su	ite 100
Address	
Aliso Viejo, CA 92656	
City/State and Zip Code	
jsantoni@apexparksgroup.c	com
E-mail address: (to be used for future annual re	
For further information concerning this motter of	logge cells
For further information concerning this matter, polynomial Jeff Santoni	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$25 Filing Fee \$30 Filing Fee & Certificate of Status  CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida D	epartment of
State: Apex Parks Group, LLC		
Enter new principal office address, if applicable:		
(Principal office address		* <b>4</b> 5
MUST BE A STREET ADDRESS)		
<b>.</b>		
Enter new mailing address, if applicable: (Mailing address)		
MAY BE A POST OFFICE BOX)		·: Co
2. The Florida document number of this limited lia	ability company is: M140000	003527
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida:		
SECTION II (5-9 complete only the applicable	changes)	
<ol> <li>New name of the limited liability company: (must</li> </ol>	st contain "Limited Liability Com	ipany, ""L.L.C.," or "LI.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	maging members adopting the alt	usiness in Florida and attach a ernate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records ddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enton Florido	Street Address
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

itle/Capacity	Name Name	Aliso Crank nD Type of Action Simular Aliso Crank nD Simular Add
<u>to</u> <u>C</u>	Srusa Mornis	Remo 27061 Alis. Creek QD Sige100 Alis. Viego CA 9262 MAdd
M V	ILLIAM AFMSTROM	3100 A170027 22 3-c4 R4700 Fl 33431 MAdd
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		Add
<del></del> -	icate, if required: no more than 90 da	Addi

Filing Fee: \$25.00