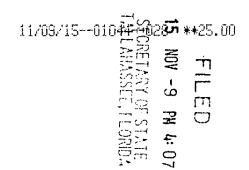


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



400277994404



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

- 1 .

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: APEO, LLC					
2 (2)	4610 Widgeon Path	(b)				
z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Manlius NY 13104-9609					
	09/17/2014	M140	00006697			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a <sup>-</sup>	National Corporate Research, Ltd., Inc.					
J. (a	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of	State:			
	115 North Calhoun St., Suite 4					
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		<del></del> i		
				<b>75</b>		
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	Tallahassee ,FL_	32301	<del></del>	(0.00		
<i>a</i>	O			- 128 - 128 - 128 - 128		
(b)	Corporation Service Company  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:		OF S		
				STAC	~	
	1201 Hays Street					
	NEW Registered Office Address:			. 7		
	Tallahassee, FL_	32301				
the ch agent was/w the ar	nure of a member anathorized representative of a member	he registered or bility company, the limited liel imited liability	ffice and the business off it is hereby confirmed the bility company or as other company.  Printed or typed name of the company.	fice of the regist hat the change(s rwise provided , Manager f signee	ered ) in	
nougie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change		capacity. In the agree my duties, and I am fam 605, F.S. Or, if this doc hat the limited liability c Kirby, Asst. Vice Pres		cept Ried Pr	

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

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		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	<u>}</u>	<b></b>			
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		Tallahassee , FL	32301			Z CS		
		, 10	<u> </u>		_		NO Po	П
1	(b)	Corporation Service Company				- 33 - 33 - 33 - 33 - 33 - 33 - 33 - 33	Ġ	F
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:	•	<u> 179</u>		П
						EST	₽	
		1201 Hays Street				溢	<b>†</b> :	
		<u>NEW</u> Registered Office Address:				37.00	07	
					-			
		Tallahassee , FL	32301		_			
the age was the	chaint work we are in grant	mited liability company is not organized under the laws age or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the linguistry of animals authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per	ne registility control in the limited	tered officempany, it is ted liability con white con this cape	e and the business office hereby confirmed the ty company or as other mpany.  Printed or typed name of the typed name of typed n	ice of the reat the chan wise provi	egiste ige(s) ided ir	1 
the to n noti	obli iere fied	ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided to by reflect a change in the registered office address, I hel in writing of this change	fór in C reby co	hapter 60 nfirm that	5, F.S.' Or, if this docu the limited liability co	ment is be mpany has	ing fil s been	ed .
Sign	atur		3Y: Gr	ace E. Ki	rby, Asst. Vice Presi	dent		

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



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: November 5, 2015

Order#: 858573-006

Re: APEO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

15 NOV -9 PN 4: 0
SECRETARY OF STATE
TALLANASSEE, ITLORIDA