## M15 000008024

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





200358669932

01/26/21--01027--006 \*\*25.00

207 J.E. 25 T.T.B. 13

JAN 18



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: January 22, 2021

Order#: 581028-015

Re: APPEXTREMES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$25.00.

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: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive 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

## 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.

I. Na	ame of the limited liability company:APPEXTREMES	S, LLC				
2. (a)	13699 Via Varra		b) P.O. BOX	7839		
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\			s of limited liability company:  "BE POST OFFICE BOX")	
	BROOMFIELD CO 80020	_	BROOMFI	IELD CO	80021	
	10/26/2015		M15000008	3024		
3.	Date of filing/registration in Florida	4.		Document r	number	
5. (a)	C T Corporation System					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	PLANTATION, FL	33324				
	. 110				779) J.	
(b)	Corporation Service Company				<u>C</u>	
` /	Enter name of NEW Registered Agent and/or NEW Registered Office address:				~ >>	
	1201 Have Street				<i>₩</i>	
	1201 Hays Street				/**I0: 12	
	NEW Registered Office Address:					
			····		2	
	Tallahassee , FL	32301				
101 1		C.1	0			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed office and ompany, it is nited liability	the busines hereby con company o	ss office of the registered firmed that the change(s)	
/s/ ()	mer Rafatullah	On	ner Rafatullah	, Authorize	d Person	
Signature of a member or authorized representative of a member			Printed or typed name of signee			
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete j igations of my position as registered agent as provided ly reflect a change in the registered office address. I h I in writing of this change.	e to ac perform   for in ( ereby c	t in this capac ance of my d Chapter 605, onfirm that th	city. I furth uties, and I F.S. Or, if he limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
· · · · · ·	Than Tokuble					
Signatu	re of Registered Agent					

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

Grace E. Kirby, Asst. Vice President, on behalf of Corporation Service Company