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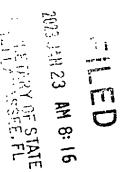
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TO: Registration Section Division of Corporations SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sahil Madan Name of Person AP 4 LLC Firm/Company 707 N Franklin St. Unit 3 Address Tampa Florida 33602 City/State and Zip Code sahil@terraminvest.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sahil Madan 727 S99-8303 at (27 Area Code & Daytime Telephone Nun Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	er e	COVER	LETTER
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Tallahassee, FL 32303 Enclosed is a check for the following amount:			
	Tallahassee, FL 32314		
	Enclosed is a check for the followi	ng amount:	
INIUS IN COLOR	Enclosed is a check for the following \$25 Filing Fee INHS18 (2/14)	_	\$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.

	ame of the limited liability company: AP 4 LLC	/L	`		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(D)	-	mited liability company: POST OFFICE BOX
	651 N BROAD ST, STE 205 #4787		651 N BR	ROAD ST, STE 205	5 #4787
	MIDDLETOWN, DE 19709		MIDDLE	TOWN, DE 19709	
	04/14/2022		M2200000	06524	
3.	Date of filing/registration in Florida	4.		Document numb	per
5. (a)					
). (u)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	ite:	
	LEGALINC CORPORATE SERVICES INC.				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	Į	_	- 3
	5237 SUMMERLIN COMMONS, SUITE 400				
	FORT MYERS	FL_33907		_	
					23 7
(b)	Enter name of NEW Registered Agent and/or NEW Registe	1000	*	_	SSS. 7
	Enter name of NEW Registered Agent and/or NEW Registe	rea Onice Rac	iress:		ES 89
	Sahil Madan				M 8: 16
	NEW Registered Office Address:	-		_	рı
	707 N Franklin St, Unit 3				
	Tampa	FL 33602			
change agent v was/we he arti	imited liability company is not organized under the or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the member cles of organization or the operating agreement of time.	laws of the the registered liability construction	State of FI d office an mpany, it i ited liabilit ability cor	lorida, it is hereby nd the business off is hereby confirme ty company or as mpany.	fice of the registered ed that the change(s) otherwise provided in
	ure of a member or authorized representative of a member			Printed or typed na	ne of signer
I herei provisi he obl o mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, it is myriting of this change.	ngree to act ete performa ded for in C I hereby co			ŭ