Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000038860 3)))



H240000388603ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091

: (718)878-5811

Phone Fax Number

: (718)732-4580

Size the email address for this business entity to be used for future the email address please.\*\* annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE APEX MCA HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

FEB - 1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

$\sim$	oν		1371	~,	٠.	TЪ
•	F F 1/				п.	12

H240000388603 -

TO: Registration Section Division of Corporations

SUBJECT: APEX MCA HOLDINGS LLC 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: Mark Fuchs Name of Person File Right RA Services, LLC Firm/Company 1425 37th Street, Suite 201 Address Brooklyn, NY 11218 City/State and Zip Code agent@fileacorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 878-5811 Sara Ringel Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

H240000388603

\$25 Filing Fee

Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

## H240000388603

## 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.

Name of the limited liability company: A P E X M C	A HOL			
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited tiability company:  (Note: MAY BE POST OF FICE BOX)		
AVENTURA, FL 33180				
11/28/2023		M23000015028		
Date of filing/registration in Florida	4.	Document number		
(a) Business Filing Incorporated				
Registered Agent and Registered Office shown on the records of	the Florida Dep	ot, of State:		
1200 Court Bire latered Dd. Blantation, Rt. 12126		21		
1200 South Pine Island Rd, Plantation, PL 33326  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2024		
		(		
		·		
		A.		
(b) File Right RA Services, LLC		<u> </u>		
Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<sup>မွှ</sup> ် ယ ထ		
625 E Twiggs Street, Ste. 110				
NEW Registered Office Address:				
· · · · · · · · · · · · · · · · · · ·				
<u>Tampa, FL 33602</u>				
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited limited limited limited limited limited limited by an affirmative vote of the members of the articles of organization or the operating agreement of the	registered c ability comp of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
/s/ Mark Fuchs	Mark Fuchs, Authorized Person			
Signature of a member or authorized representative of a member	Printed or typed name of signee			
I hercby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	ree to act in performanc id for in Chu hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been		
/s/ Mark Fuchs				
Signature of Registered Agent				