M9900000595

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



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COVER LETTER

Registration Section TO: **Division of Corporations** APD DEVELOPMENT, L.L.C. 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: NOAH C. MCKINNON, JR., ESQ. Name of Person Firm/Company 595 W. GRANADA BLVD., SUITE A Address ORMOND BEACH, FL 32174 City/State and Zip Code lynn@mckinnonandmckinnonpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NOAH C. MCKINNON, JR. 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 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

INHS18 (2/14)

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.

| 1. Na | ame of the limited liability company:APD DEVELOPMENT, L.L.C. | | |
|--|---|--|---|
| 2. (a) | 285 W. DUNDEE ROAD | (b) | 285 W. DUNDEE ROAD |
| z. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | PALATINE, IL 60074 | | PALATINE, IL 60074 |
| | 04/22/1999 | | M9900000595 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | ANTHONY DIMUCCI | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | the Florida Dept. | of State: |
| | 51 DUNLAWTON AVENUE | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | | | 2022 2022 |
| (b) | PORT ORANGE , FI | 32127 | |
| | NOAH C. MCKINNON, JR. | | 2022 FEB -9 P |
| | Enter name of NEW Registered Agent and/or NEW Registered | - PH 2: | |
| | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | NEW Registered Office Address: | | : |
| | 595 W. GRANADA BLVD SUITE A | | |
| | ORMOND BEACH . FI | 32174 | |
| change agent v was/w the art Signa I here provisi the obi to mer, notifie | imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light of a member of authorized by an affirmative vote of the members of icles of organization or the operating agreement of the function of member of authorized reprosentative of a member of all statutes relative to the proper and complete light on so fall statutes relative to the proper and complete light on so fall statutes in the registered agent as provide all reflect a change in the registered office address. It writing of this change. | e registered off ability compar of the limited I limited liabili NOAH C. | ice and the business office of the registered by, it is hereby confirmed that the change(s) hability company or as otherwise provided in ty company. MCKINNON, JR. Printed or typed name of signee is canacity. I further garee to comply with the |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314