10000055148 Address own): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in ☐ Pick up time Certified Copy ☐ Mail out ☐ Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS REGISTRATION/QUALIFICATION** ☐ Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: AP. COM Inc.
2. The mailing address of the corporation: 420 NW 70Th St. Boca Raten, FL 3346
3. Date of incorporation/qualification: June 8th Document number: P00000011148
4. The name and address of the current registered agent and office:
Account con
420 NW 70Th St. Boch Raton, FL 33487
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Eleonora Milne
Pompano Beach, FL 33069
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
audiorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
GLENN R. HAUSER
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent
(Signature of Registered Agent)
If signing on behalf of an entity: Elegonome Mune.
Eleonora Mijne (Typed or Printed Name) (Capacity)

CR2E045(9/00)

* * * FILING FEE: \$35.00 * * *