

P03000115618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

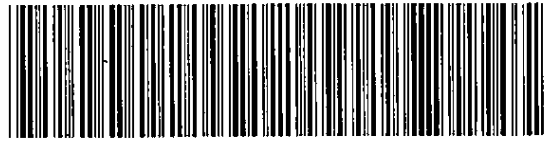
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900402723889

30-20-2023

05/09/23--01014--009 \*\*35.00

2023 MAY -9 PM 12:08

30-20-2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ASI APEX SURVEILLANCE AND INVESTIGATION  
Name of Corporation

DOCUMENT NUMBER: P03000115618

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THIRY LARKIN

Name of Contact Person

ASI APEX SURVEILLANCE AND INVESTIGATION

Firm/Company

5835 HOBSON STREET NE

Address

SAINT PETERSBURG, FL 33703

City/State and Zip Code

TYTHEISPY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THIRY LARKIN

Name of Contact Person

at (727-709-4156)

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASI APEX SURVEILLANCE AND INVESTIGATION
2. The principal office address: 5835 HOBSON STREET NE  
SAINT PETERSBURG, FL 33703
3. The mailing address (if different): 204 37TH AVENUE N #144 SAINT PETERSBURG, FL 33704
4. Date of incorporation/qualification: 2011 Document number: P03000115618
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THIRY LARKIN

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ADDRESS CHANGE ONLY TO THE FOLLOWING

5835 HOBSON STREET NE

P.O. Box NOT acceptable

SAINT PETERSBURG, FL 33703

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, or the corporation has been notified in writing of the change.

Thiry Larkin  
Signature of an officer or director

THIRY LARKIN PRESIDENT

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Thy Lark  
Signature of Registered Agent

5-3-2023  
Date

If signing on behalf of an entity:

THIRY LARKIN

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04-13)

check 5896

Thank you!

2023 MAY -9 PM 12:08