| (Re | equestor's Name) | |
|---|--------------------|------|
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| | | • |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| /P. | siness Entity Nan | 201 |
| (Bu | siness Entity Man | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





800091777028

03/13/07--01019--015 **35.00

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Appro-lone Systems Inc. (Name of Corporation) |
| DOCUMENT NUMBER: <u>D03000152047</u> |
| 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: |
| Cloudent Herrera (Name of Contact Person) |
| (Firm/Company) |
| 7240 DW 7087 (Address) |
| Medley FJ 33166 (City/State and Zip Code) |
| For further information concerning this matter, please call: (Name of Contact Person) at (305), 828(26) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 in order to change its registered office or registered agent, or both, in the State of Florida. | a |
|---|--|
| 1. The name of the corporation: Apha Home Systems Inc. 2. The principal office address: 240 NW 70 St Wedley #13 | <u>311</u> 04 |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 12 16 03 Document number: P0300015 | 204 |
| 1500 NW 79m St | SECRETARY OF STATE OIVISION OF CORPORATION OF CORPO |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | TATE ATIONS 2: 38 |
| (P.O. Box NOT acceptable) (P.O. Box NOT acceptable) 33166 | |
| The street address of its registered office and the street address of the business office of its registered ager as changed will be identical. | ıt, |
| 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. (Signature of the officer or director) (Finited or typed name and title) (I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the corporation has been notified in writing of this change. (Signature of Registered Agent) (Signature of Registered Agent) (Signature of Registered Agent) | - ice his he |
| (Typed or Printed Name) | |

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