

P06000020277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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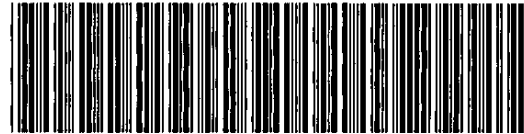
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2006

JOSH ZELMAN, ESQ.
DURST HARNDEN & ZELMAN, P.L.
701 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308

SUBJECT: APEX CONSOLIDATED SERVICES, INC.
Ref. Number: P06000020277

We have received your document for APEX CONSOLIDATED SERVICES, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE CORPORATION HAS SUBMITTED A FORM FOR A LIMITED LIABILITY COMPANY WHEN IT IS FILED AS A FLORIDA DOMESTIC CORPORATION.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 006A00063937

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APEX Consolidated Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P060000020277

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:

Joshua D. Zelman, Esq.
(Name of Contact Person)

Durst, Harnden + Zelman, P.L.
(Firm/Company)

701 East Tennessee St.
(Address)

Tallahassee, Fl. 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua D. Zelman at (850) 222-3405
(Name of Contact Person) (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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: APEX Consolidated Services, Inc.
2. The principal office address: 17 Benton Road, Crawfordville, Florida 32327
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/10/06 Document number: P060000020077
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Richard W. Reno, Esq.
66 Lower Bridge Road.
Crawfordville, Florida 32327

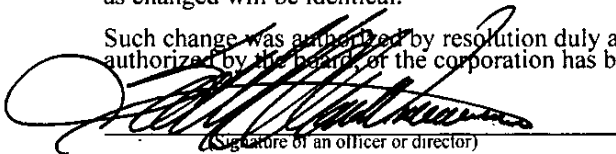
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joshua D. Zelman, Esq.
Durst, Harnden + Zelman, P.L.L.C.
701 East Tennessee St.
(P.O. Box NOT acceptable)
Tallahassee, Florida 32308

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TALLAHASSEE, FLORIDA

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


(Signature of an officer or director)

Scott A. Weaver
(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.


(Signature of Registered Agent)

10/30/06
(Date)

If signing on behalf of an entity:

(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 (8/05)