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COVER LETTER

TO: Amenda Division	ment Section n of Corporations			
SUBJECT:	AP &	Company, In	C.	<u></u>
DOCUMENT I		P0600014		
	atement of Change of Registe			tted for filing
	correspondence concerning	_		
i iouso iotain un	correspondence concerning i	and matter to the re	onowing.	
	\	, √anessa V. Pint	0	
	Na	me of Contact Per	son	
		Firm/Company		- / · · · · · · · · · · · · · · · · · ·
		rimi/Company		
	2101	Brickell Ave Ap	t 1510	
4 4 5 4	2101	Address	(1010	
		Miami FI 33129)	
.s.,).	, Ci	ty/State and Zip Co	ode	
	Vį	pint001@fiu.ed	J	
	E-mail address: (to be t	used for future an	nual report notif	fication)
For further info	rmation concerning this matte	er, please call:		
	Adriana Pinto	at (786	738-4076
	Name of Contact Person	A A	rea Code & Dayti	738-4076 me Telephone Number
Enclosed is a \$3	5.00 check made payable to t	the Department of	State.	
	Mailing Address: Amendment Section		Street Address: Amendment Se	ection
	Division of Corpor P.O. Box 6327	rations	Division of Co Clifton Buildin	-
	Tallahassee, FL 32	2314		e Center Circle

TO:

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

statement of cha	ange is submitted for a co	orporation organized	607.1508, or 617.1508, Flo d under the laws of the Stat	e of Florida	
in orde	er to change its registered	d office or registered	d agent, or both, in the State	e of Florida.	
	the corporation: AP &	"	-		
2. The principal	office address: 3200 C	Collins Ave Apt 1	6 Miami Beach FL 33	140	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	11/03/06	Document number:	P06000441860	
	d street address of the cur rtment of State: (If resign		nt and registered office on fi	ile with the LANG 25	
	Vanessa Pinto				
	10025 NW 46 Street Apt 306				
	Miami FL 33178				
6. The name an (if changed):	d street address of the nev	w registered agent (i	if changed) and /or registere	ed office	
	Vanessa Pinto				
	2101 Brickell Ave	 			
	Miami FL 33129	P.O. Box NOT ac	xeptable		
The street addr as changed wil	ress of its registered office I be identical.	ce and the street ad	dress of the business office	e of its registered agent,	
Such change wauthorized by	vas authorized by resolut the board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or ied in writing of the chang	by an officer so e.	
House	ure of an officer or director		Adriana Printed or typed nam		
I hereby accep I further agree of my duties, a document is be corpolation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflect is been notified in writin	istered agent and a isions of all statute d accept the obliga ct a change in the r g of this change.	agree to act in this capacit es relative to the proper an ution of my position as reg registered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the	
Vitable			8/20/20	010	
Si	gnature of Registered Agent		Date		
If signing on b	ehalf 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