## P0700005173/

(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	$\neg$				
Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE AHASSEE, FLORE

APPRUVEL AND SILED

R.A. Charge

C. Coultiette AUG 0 6 2007

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		·		
SUBJE	ECT: Apex RE Investments, Inc.	Corporation)	·		
DOCU	MENT NUMBER: P07000051731				
The en	closed Statement of Change of Registered Offic	e/Agent and fee	are submitted for filing.		
	return all correspondence concerning this matter	_			
	Michael Beecroft (Name of Co	ntact Person)			
	(Name of Co	mact reison)			
	Apex RE Investments, Inc				
	(Firm/Co				
	8360 Adelle Rd				
	(Add	ress)			
	Lakeland, FL 33810				
	(City/State ar	• •			
For fur	ther information concerning this matter, please of	call:			
Micha	tel Beecroft	_at ( 863	, 409-4686		
	(Name of Contact Person)	(Area Co	de & Daytime Telephone N	umber)	
Enclose	ed is a \$35.00 check made payable to the Depart	ment of State.	·		
	Mailing Address: Amendment Section	Ame	Street Address: Amendment Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
			Tallahassee, FL 32301		
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CR2E045 (8/05)

## $^{\prime}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	- ·	7.0502, 607.1508, or 617.1508, Florida Statute. organized under the laws of the State of Florid	
=		registered agent, or both, in the State of Florida	
1. The name of	the corporation: Apex RE Investi	ments, Inc.	
2. The principal	office address: 8360 Adelle Rd	- LAKELAND FL 33810	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: April 27, 2	007 Document number: P070000517	<b>'31</b>
	d street address of the current registertment of State:	ered agent and registered office on file with the	
	Michael Beecroft		
	4980 ELON CRESCEN	ıT	07 S
	LAKELAND FL 33810	•	JUL 30 ECRETAR LLAHASS
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	mi≺
	Michael Beecroft		AM II: ON OF STATE E. FI ORIE
	8360 Adelle Rd		OO A
٠.	(P.O. Box NOT acc	eptable)	
The street address changed will	ess of its registered office and the s	street address of the business office of its regis	tered agent,
_		dopted by its board of directors or by an office en notified in writing of the change.	
<i></i>	In a Bleet of the of th	Michael Beecroft (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete pe be obligation of my position as registered agen in the registered office address, I hereby conj ange.	performance it. Or, if this firm that the
Mich	Parature of Registered Agent)	7/24/07	
If signing on be	half of an entity:		
Michael Be			
(1	'yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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