

P0900000 1496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

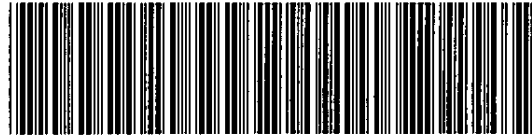
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADDRESS CHANGE
[Signature]
10/13

October 13th, 2009.

To:
Florida Department of State
Division of Corporation
FAX: 850-245-6897

Dear Madam /Sir:

We would like to ask you, please, to change the following address for the Company:

AAP BUSINESS, CORP. (P09000001496)

Principal and Mailing Address:

Previous: 3685 N. FEDERAL HWY. SUITE 203G, POMPANO BEACH, FL 33064

Current: 1000 E. ATLANTIC BLVD SUITE 106, POMPANO BEACH, FL 33060.

Best Regards,



ANDREA FERREIRA
President

09 OCT 13 AM 9:20
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION