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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
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| SUBJECT: AP Building Services Inc.  Name of Corporation  P12 - 11 288  |
| DOCUMENT NUMBER: 1200076200  |
| 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:  |
| Anthony Pozza  Name of Contact Person  |
| AP Building Services Inc   |
| 11690 SW 25th Street   |
| Davie, Hoyida 33325  City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  Anthony Fozza  Name of Contact Person  at (954) 822 · 4209  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

| in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  2. The principal office address:   | 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   |
|--|--|
| 2. The principal office address: IL90 SW 25th Street  Davie, Florida 33325  3. The mailing address (if different): IL90 SW 25th Street  Davie, Florida 30325  4. Date of incorporation/qualification: 5/15/2012 Document number: Pl20004L288  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned enterresigned)  Slo NW L9 Tryvace  Mayadr, Fl 3003  6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):  Po Po Not receptable  Davie, Florida 30325  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 charge was adthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or of the corporation has been notified in writing of the change.  Such charge was adthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or of the corporation has been notified in writing of the change.  Such charge of an officer or director  Finited or special and only 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. I hereby certifirm that the corporation has been notified in writing of this change.  Slenage of Registered Agent  Date   |  |
| 2. The principal office address: IL90 SW 25th Street  Davie, Florida 33325  3. The mailing address (if different): IL90 SW 25th Street  Davie, Florida 30325  4. Date of incorporation/qualification: 5/15/2012 Document number: Pl20004L288  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned enterresigned)  Slo NW L9 Tryvace  Mayadr, Fl 3003  6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):  Po Po Not receptable  Davie, Florida 30325  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 charge was adthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or of the corporation has been notified in writing of the change.  Such charge was adthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or of the corporation has been notified in writing of the change.  Such charge of an officer or director  Finited or special and only 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. I hereby certifirm that the corporation has been notified in writing of this change.  Slenage of Registered Agent  Date   | AP Philding Services Inc   |
| 3332.5  3. The mailing address (if different):    Logo SW 25th SWP   | III OO SUI 251/2 Flynnt  |
| 4. Date of incorporation/qualification: 5/15 2012 Document number: P1200041288  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned enter resigned)  AVATOR A. TAVATA RESIGNATION  510 NW L. TRAVATA RESIGNATION  510 NW L. TRAVATA RESIGNATION  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  100 SW 25 yh Swatter (if changed) and /or registered office and (if changed):  110 SW 25 yh Swatter (if changed) and /or registered office of its registered agent, as changed will be identical.  110 Swatter (if changed):  110 Swatter (if changed) and /or registered office of its registered agent, as changed will be identical.  110 Swatter (if changed) and /or registered office of its registered agent, as changed will be identical.  110 Swatter (if changed) and /or registered agent, and agree to act in this capacity.  110 Junior (if yellow) is presented agent and agree to act in this capacity.  110 Junior (if yellow) is presented agent and agree to act in this capacity.  110 Junior (if yellow) is presented office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the registered office address, if hereby cyntim that the charge in the charge in the registered of the charg | 2. The principal office address: 10 10 0W 2511 0117  |
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| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  510 NW L9 Tryvace  Mayadr, FL 330L3  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  1120 SW 25 N Syrat (If changed)  123   | 3. The mailing address (if different): 110 10 0 10 0 11 0 11 1 1 1 1 1 1 1 1   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  510 NW L9 Tryvace  Mayadr, FL 330L3  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  PO Box NOT acceptable  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 charge was atthorized 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.  Printed or pped name and title  I hereby added 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 fif this focument is being filed merely to reflect a change in the registered office address, I hereby confirm that the chripporation has been notified in writing of this change.  Signature of Registered Agent  Date   | 5/15/101/0d 30323  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office  ANDON OZZA  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 charge was atthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or of the corporation has been notified in writing of the change.  Althony OZZA  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 fif this focument is being filed merely to reflect a change in the registered office address, I hereby confirm that the proporation has been notified in writing of this change.  Signature of Registered Agent  Date  | 4. Date of incorporation/qualification: 3/13/2012 Document number: 12000076200   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Anthony   OZZA     P.O. Box NOT acceptable   P.O. Box NOT a |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Compared to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Thereby confirm that the orporation has been notified in writing of the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Thereby confirm that the orporation has been notified in writing of the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Only if this focument is being filled merely to reflect a change in the registered office address, I hereby confirm that the opporation has been notified in writing of this change.    Compared to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Only if this focument is being filled merely to reflect a change in the registered office address, I hereby confirm that the opporation has been notified in writing of this change.  | Region of State. (Intesigned enter resigned)   |
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|  | hereby confirm that the corporation has been notified in writing of this change.   |
|  | 8/ JA/AU 2/22/14   |
| Anthony Pozz   |  |
| / 10+10/01 / 1/27 /  | It signing on behalf of an entity:   |
| Typed of Printed Name  | HITTONY TOZZA  Typed of Printed Name   |

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