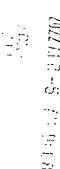
71300010229

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
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2022 APR -5 PM 3: 37

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 590463 4702973

AUTHORIZATION :

COST LIMIT : \$ (35.00

ORDER DATE : April 5, 2022

ORDER TIME : 11:37 AM

ORDER NO. : 590463-002

CUSTOMER NO: 4702973

CHANGE OF AGENT

NAME: APG DUBILL INTERESTS

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

statement of ch	ange is submitted for a corpo	ration organized under the laws of the State of FL
		fice or registered agent, or both, in the State of Florida.
		L INTERESTS CORPORATION
2. The principa	office address: 923 NORTH	PENNSYLVANIA AVENUE WINTER PARK, FL 32789
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 01/30	D/2013 Document number: P13000010229
	d street address of the current artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
	DUBILL, ANDREW	•
	923 NORTH PENNSYLVA	ANIA AVENUE
	WINTER PARK, FL 32789	.:
6. The name an (if changed):	d street address of the new rep Corporation Service Comp	gistered agent (if changed) and /or registered office
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street addr	ess of its registered office an	nd the street address of the business office of its registered age
Such change w authorized by t	as authorized by resolution on the board of the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
	MI	Andrew Dubill, Executive Vice President
I hereby accept I further agree of my duties, ar document is be corporation ha	to comply with the provision	Printed or typed name and little ed agent and agree to act in this capacity. ss of all statutes relative to the proper and complete performan cept the obligation of my position as registered agent. Or, if the change in the registered office address, I hereby confirm that this change.
By: Droze	t-Kubl	04/01/2022
	guature of Registered Agent	Date
If signing on be	chalf of an entity:	
Grace E. Kirby,	Asst. Vice President	
Т	yped or Printed Name	· -

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