

P140000 53536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

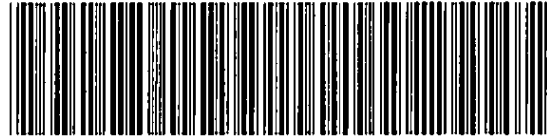
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: AAP Business Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000053536

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:

Coleman Alan Petrie

Name of Contact Person

AAP Business Enterprises, Inc.

Firm/Company

155 South Court Ave., Unit 2715

Address

Orlando FL 32801

City/State and Zip Code

capetrie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coleman Alan Petrie

Name of Contact Person

at (321) 277-7061

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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AAP Business Enterprises, Inc.
2. The principal office address: 155 South Court Ave., Unit 2715 Orlando FL 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/18/2014 Document number: P14000053536
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)

Coleman Alan Petrie

55 West Church St., Apt. 2918

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Coleman Alan Petrie

155 South Court Ave., Unit 2715

P.O. Box NOT acceptable

Orlando, FL 32801

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 change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Coleman Alan Petrie, Vice President
Signature of an officer or director

Coleman Alan Petrie, Vice President
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, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Coleman Alan Petrie
Signature of Registered Agent

2/5/2020
Date

If signing on behalf of an entity:

Coleman Alan Petrie

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
CR2E045 (04/13)