

P15 000056558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

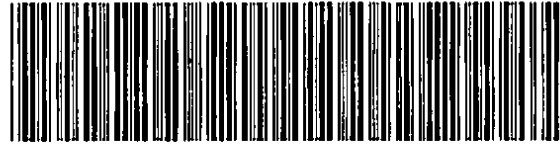
(Business Entity Name)

(Document Number)

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JAN 13 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APEX Site and Demolition Corp
Name of Corporation

DOCUMENT NUMBER: P15000056558

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:

Troy McNabb
Name of Contact Person

APEX Site and Demolition Corp
Firm/Company

5630 Copper Leaf Lane
Address

Naples FL 34116
City/State and Zip Code

apexdemolition@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy McNabb at (239) 253-0591
Name of Contact Person 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: APEX Site and Demolition Corp.
2. The principal office address: 5630 Copper Leaf Lane
Naples FL 34116
3. The mailing address (if different): -
4. Date of incorporation/qualification: 6/30/2015 Document number: P15000056558
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)
Michael J Peel
3240 3rd Ave SW
Naples FL 34117 Resigned
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Troy McNabb
5630 Copper Leaf Lane
Naples FL 34116
P.O. Box NOT acceptable

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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.

[Signature]
Signature of an officer or director

Troy McNabb 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.

[Signature]
Signature of Registered Agent

12/5/19
Date

If signing on behalf of an entity:

[Signature]
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