P180000	46172
(Address)	000330355510
(City/State/Zip/Phone #)	06/06/1901003014 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2019 JUN - 6 SECREIAN TALLAHAS
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COVE	R LETTER
TO: Amendment Section	
Division of Corporations	
SUBJECT: Apex Pavement S	Corporation
DOCUMENT NUMBER: P180000L	46172
The enclosed Statement of Change of Registered Of	l fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Elizabot	Daly
Name of (Iontact Person
Fitm	Company
8919 NU	20th Manar
A	ddress
Loral Sp	ring F1 33071
Chyrstae	
Lilyclaly C Bel	Isouth_net future annual report notification)
E-man authess. (10-De lised to	

For further information concerning this matter, please call:

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at (<u>984</u>) <u>817-6059</u> Area Code & Daytime Telephone Number Name of Contact Person

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

CR2E045 (03/12)

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 \underline{Hondo} in order to change its registered office or registered agent. or both, in the State of Florida.

1. The name of the corporation: Apex Pervenent Services, Inc
2. The principal office address: 2919 NW 20 Manor
Coral Springs, FI 33071
3. The mailing address (if different): P.O. Box 8809,
Coral Sprins, FI 32075
4. Date of incorporation/qualification: 5 18 2018 Document number: P18000046172

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)



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



The street address of its registered office and the street address of the business office of tis registered as changed will be identical.

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

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.

ignature of Registered Age

If signing on behalf of an entity:

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 (03/12)