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To:

Division of Corporations

Fax Number

: (850)617-6380

-Account Name : MILAM HOWARD, ET.AL.

.. Account Number : I20000000206 Phone : (904)357-3660

Fax Number : (904)357-3661

Enter the email address for this business entity to be used for future *Lannual report mailings. Enter only one email address please.**

Email Address: jcherneski@milamhoward.com

REGISTERED AGENT CHANGE

APEX MECHANICAL & PLUMBING CONTRACTOR, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu inge is submitted for a corporation organized under the laws of the State of Flori r to change its registered office or registered agent, or both, in the State of Flori	đa	
	the corporation: APEX MECHANICAL & PLUMBING CONTRACTOR, INC.		
	office address: 4876 SHADY CREEK DR., KEYSTONE HEIGHTS, FL 32656		
- · · · · · · p · · · · · · p · · · · ·	one addicas.		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/23/2021 Document number: P2100002857	4	
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	e	
	MARC ST. PETER		
	4876 SHADY CREEK DR.		
	KEYSTONE HEIGHTS, FL 32656	40	~
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):		TALLA	1021 APR 29
	MILAM HOWARD NICANDRI & GILLAM, P.A.	RY:	29
	14 EAST BAY STREET	99	PM
	P.O. Box NOT acceptable		PM 12: 02
	JACKSONVILLE, FL 32202	` M	$\tilde{\sim}$
The street addre as changed will	ss of its registered office and the street address of the business office of its reg be identical.	istered a	igent.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so	
/	Yan What Marc St. Peter		
-	of an other or director Printed or typed name and title		 -
of my duties, and document is being	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as registered ageng filed merely to reflect a change in the registered office address. I hereby conbeen notified in writing of this change.	mt Or	ifthic
100	M/W// April 29, 2021		
If signing on bel	aftre of Registered Agent Date Date	-	-
Peter E. Nic.	andri ped or Printed Name		

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