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Requester's Name			- -
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	<u>AMENDMENTS</u>		
Profit	Amendment	:" <u>"</u>	
Not for Profit	Resignation of R.A.	, Officer/Director	င်း
Limited Liability Domestication	Change of Registere	ed Agent	<u> </u>
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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, the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation: APPLE INSUMANCE HALL OF LAKE PARK, INC
2. The mailing address of the corporation: 5201 PARK BLVD
PINELLAS BACK, FL 33781
3. Date of incorporation/qualification: 6130(9) Document number: P970000 57867
4. The name and address of the current registered agent and office:
PAMELA M MLVEIGH
2519 McMullen Booth Rd, Ste 608
Clearwater, FL 33761
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
J. PAUL & RAYMOND PER R
625 GOURT ST, SUITE 200
Clearwater, FL 33756
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 authorized by the board.
Pauck Mwei h Son Sl29 lo2 (Signature of an officer, chairman of the board) (Date)
PAMELIA M MCVE16 H V P (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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