## P9800006Z078

(Red	questor's Name)			
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office/Agent and fee are submitted for filing.	
atter to the following:	
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eport notification)	
ase call:	
at (813 )908-8555  Area Code & Daytime Telephone Number	
Area Code & Daytime Telephone Number	
epartment of State.	
Street Address:	
Amendment Section	
Division of Corporations The Centre of Tallahassee	
2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Si ganized under the laws of the State of $\frac{\text{Fl}}{\text{Fl}}$	lorida	
		gistered agent, or both, in the State of Fl nc	oriaa,	
	the corporation: Apartment Locators In office address: 211 Crystal Grove Blvc			
2. The principal	office address.		14	
3. The mailing a	address (if different): bob.kinkade@tar	mpalocators.com		
4. Date of incorp	poration/qualification: 7/13/1998	Document number: P98000062	2078	
	d street address of the current register rtment of State: (If resigned, enter resi	ed agent and registered office on file with igned)	h the	
	Carolyn Riliing		S 23	
	211 Crystal Grove Blvd. # 101		FECRET TALL	Ð
	Lutz, FL 33548		18 T	- -
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered offi	AHIO: 46	
	Robert Kinkade		· 6	
	211 Crystal Grove Blvd. #/o(			
	Lutz, FL 33548	) Hoy NOT acceptable		
The street addre as changed will	ess of its registered office and the str be identical.	reet address of the business office of its	registered agent.	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has beer	pted by its board of directors or by an contified in writing of the change.	officer so	
Rolfs	Milual	Robert Kinkade - President		
_	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s all am familiar with and accept the ing filed merely to reflect a change in seen notified in writing of this char	t and agree to act in this capacity. statutes relative to the proper and comp obligation of my position as registered oblive registered office address. I hereby nge.	plete performance agent. Or if this v confirm that the	
No US	Make	3/11/2021		
-	half of an entity:	Date		
.1.	yped or Printed Name			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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