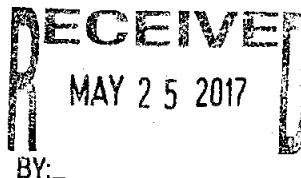


West Virginia Secretary of State
1900 Kanawha Blvd E
Bldg 1, Suite 157-K
Charleston, WV 25305

MAY 25 2017



Penney Barker, Manager
Corporations Division
Tel: (304)558-8000
Fax: (304)558-8381

IN THE OFFICE OF
SECRETARY OF STATE

Website: www.wvsos.com
E-mail: business@wvsos.com

Office Hours: Monday – Friday
8:30 a.m. – 5:00 p.m. ET

FILE ONE ORIGINAL

(Two if you want a filed stamped
copy returned to you)

FEE: \$15.00

APPLICATION TO APPOINT OR
CHANGE PROCESS, OFFICERS,
AND/OR ADDRESSES

1. The company filing this change
is registered as a (check one):

☐
☒
☐
☐

Corporation
Limited Liability Company
Limited Liability Partnership
Insurance Company/Agency

☐
☐
☐

Limited Partnership
Voluntary Association
Business Trust

2. The change is filed for:
(Note: Enter information as previously
filed. No change can be accepted
without this information.)

Company Name A&P, LLC

Principal Office Address as Registered. 205 Marion Sq.,
Fairmont, WV 26554

Home State: WV WV Formation Date: 7/8/1999

3. Change of Address:
(Note: Use appropriate lines for the
type of address to be changed):

Address Type

New Address

a. Principal Office 118 Adams Street, Suite 303
Fairmont, WV 26554

b. Principal Mailing 118 Adams Street, Suite 303
Fairmont, WV 26554

c. Designated Office 118 Adams Street, Suite 303
Fairmont, WV 26554

4. Change of Agent for Service of Process (per §31D-5-502 of the West Virginia Code):

a. Current Agent Name

a. _____

b. New Agent Name and Address

b. _____

The agent named here has given consent
to appointment as agent to accept service
of process on behalf of this company.

New Agent Signature:

X

932684
\$15

5. Complete the **Change of Officers or Other Persons in Authority**:**Officer Type**(check one for each new officer)**New Officer Name****New Officer Address**

a. <input type="checkbox"/> President (Corp., Vol. Assn.) <input type="checkbox"/> Member/Manager (LLC) <input type="checkbox"/> General Partner (LP, LLP) <input type="checkbox"/> Trustee (Bus. Trust) <input type="checkbox"/> Other _____	_____ William Abruzzino Remove (previous officer name, if any)	_____ _____ _____
b. <input type="checkbox"/> Vice President (Corp., Vol. Assn.) <input type="checkbox"/> Member/Manager (LLC) <input type="checkbox"/> General Partners (LP, LLP) <input type="checkbox"/> Trustee (Bus. Trust) <input type="checkbox"/> Other _____	_____ William Abruzzino Remove (previous officer name, if any)	_____ _____ _____
c. <input type="checkbox"/> Secretary (Corp., Vol. Assn.) <input type="checkbox"/> Member/Manager (LLC) <input type="checkbox"/> Limited Partner (LP) <input type="checkbox"/> General Partner (LLP) <input type="checkbox"/> Trustee (Bus. Trust) <input type="checkbox"/> Other _____	_____ William Abruzzino Remove (previous officer name, if any)	_____ _____ _____
d. <input type="checkbox"/> Treasurer (Corp., Vol. Assn.) <input type="checkbox"/> Member/Manager (LLC) <input type="checkbox"/> Limited Partner (LP) <input type="checkbox"/> General Partner (LLP) <input type="checkbox"/> Trustee (Bus. Trust) <input type="checkbox"/> Other _____	_____ _____ Remove (previous officer name, if any)	_____ _____ _____
e. <input type="checkbox"/> Director (Corp., Vol. Assn.) <input type="checkbox"/> Member/Manager (LLC) <input type="checkbox"/> Limited Partner (LP) <input type="checkbox"/> General Partner <input type="checkbox"/> Trustee (Bus. Trust) <input type="checkbox"/> Other _____	AA Properties, LLC William Abruzzino Remove (previous officer name, if any)	118 Adams Street, Suite 303 Fairmont, WV 26554

6. Update/change E-mail Address (ex: name@domain.com): _____

7. **Name and phone number of contact person.** (This information is optional, however, if there is a problem with the filing, listing a contact person may avoid having to return or reject the document.)**JC Amos, Esq****(304) 368-1000**

Contact Name

Phone Number

8. **Signature Information** (See below ****Important Legal Notice Regarding Signature:***)Print Name of Signer: **Larry Puccio**Title/Capacity: **Member**Signature: **X**

Date: _____

****Important Legal Notice Regarding Signature:***

Corporations/Voluntary Associations/Business Trusts/Unincorporated Nonprofit Associations/Limited Partnerships - Per West Virginia Code §31D-1-129. **Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the Secretary of State for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both. **Limited Liability Companies/Limited Liability Partnerships - Per West Virginia Code §31B-2-209. Liability for false statement in filed record.** If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

Important Note: This form is a public document. Please **do NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.