

L11000 0013 89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

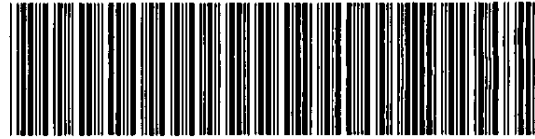
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 28 P 4: 05

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D. BRUCE  
NOV 30 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2016

NEX-XOS WORLDWIDE LLC  
PO BOX 1001  
DANIA BEACH, FL 33004

SUBJECT: NEX-XOS WORLDWIDE LLC  
Ref. Number: L11000001389

RECEIVED  
2016 NOV 29 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please return your check with a note stating what the money is intended for.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 316A00024336

REGISTER FORMS SUN BIZ LIMITED LIABILITY

STATEMENT OF RECEIPT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEX-XOS WORLDWIDE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Saul Mishkin  
Name of Person

NEX-XOS WORLDWIDE LLC  
Firm/Company

3922 Pembroke Rd  
Address

Pembroke Park FL 33021  
City/State and Zip Code

saul@nex-xos.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saul Mishkin at ( 305 ) 8904636  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: NEX-XOS WORLDWIDE LLC

2. (a) 3922 Pembroke Rd (b) 3922 Pembroke Rd  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
Pembroke Park FL 33021 Pembroke Park FL 33021

3. 01/04/2011 4. L11000001389  
 Date of filing/registration in Florida Document number

5. (a) Saul Mishkin  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1922 Tigertail Blvd  
Building 12, FL 33004

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
3922 Pembroke Rd.  
Pembroke Park, FL 33021

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 TALLAHASSEE, FLORIDA  
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 SAUL MISHKIN  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 Signature of Registered Agent