#211000064396

(Requestor's Name)		
(Address)		
·		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
0		
Special Instructions to Filing Officer:		
• .		
·		

Office Use Only



800234650838

05/04/12--01017--019 **25.00

FILED"

12 MAY - 4 PM 4: 16

35 OF STATE

36 OF STATE

37 ANASSEE FLORIDA

k.saly Examiner BY 8 2012

COVER LETTER

TO: Registration Section	
Division of Corporations	
	0#Th- V 110
	Off The X, LLC
Name of Li	mited Liability Company
Dani Sin an Madama	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Chris Gately	
Name of Person	
,	
Off The X, LLC	
Firm/Company	
P.O. Box 1246	
Address	
Lynn Haven, Florida 32444	
City/State and Zip Code	
cherry@offthex.net	
E-mail address: (to be used for future annual report not	ilication)
For further information concerning this matter	please call:
	at (850) 708-1247
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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:	Off The X, LLC
2. (a) Principal office address of limited liability company	: 12117 Panama City Beach Parkwa
(Note: MUST BE STREET ADDRESS)	Panama City Beach, Florida 32407
(b) Mailing address of limited liability company:	P.O. Box 1246
(Note: MAY BE POST OFFICE BOX)	Lynn Haven, Florida 32444
2011	L11000064396
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Larry L Lock II
Registered Office Address:	6030 John Pitts Road Suite II
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	Chris Gately
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12117 Panama City Beach Parkway Panama City Beach, Florida 32407 FI
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited
Chain Cataly	
Chris Gately Printed or typed name of signee	
I hereby accept the appointment as registered agent and agently with the provisions of all statules relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00