L13000006622

(Pa	auestore Name)							
(Requestor's Name)								
(Address)								
(Address)								
(Cit	ty/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nan	ne)						
(Do	cument Number)							
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								





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C.L. 14

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ITCROSS LLC					
Na	me of Limited Liab	oility Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the fo	llowing:			
CECILIA SUAREZ					
Name of Person		-			
ITCROSS LLC					
Firm/Company	•	-			
3801 PGA BOULEVARD SUITE 600					
Address		.			
PALM BEACH GARDENS, FLORIDA	, 33410				
City/State and Zip Code		_			
sebastian.demaestri@it-cross.com					
E-mail address: (to be used for future an	inual report notifica	ation)			
For further information concerning this matte	r, please call:	•			
CATALINA ZORRILLA	305 at (6694383			
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	Regi: Divis P.O.	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			

INHS18 (2/14)

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.	Na	me of the limited liability company: ITCROSS LLC	;			
2.	(a)	3801 PGA BLVD, PALM BEACH GARDENS	(I	3801 PG	SA BLVD, PALM BE	ACH GARDEI
۲.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (, 	failing address of limited liab (Note: MAY BE POST OF	
		FLORIDA, 33410	_	FLORIDA	A, 33410	
		DECEMBER 2ND 2014		L1300000	96622	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	CECILIA SUAREZ				
٠.	(4)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	:	
		PGA BLVD 3801, SUITE 600&602				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				# # # # # # # # # # # # # # # # # # #
						A DEC
		PALM BEACH GARDENS	33401			C-5
	(b)	CECILIA SHAREZ				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				SIMIE SORATIONS
		3801 PGA BLVD, SUITE 600		— Z		
		NEW Registered Office Address:				
		PALM BEACH GARDENS , FL	33410)		
the age	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility c f the lir	istered office ompany, it is nited liability liability com	and the business office shereby confirmed that y company or as otherwi upany.	of the registered the change(s)
	Signat	ture of a member or authorized representative of a member		(18	Printed or typed name of sig	nee
I l pro the to	ierei oviși obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change	ee to ac perforn I for in ereby c	et in this cape nance of my o Chapter 605 confirm that i	acity. I further agree to duties, and I am familian , F.S. Or, if this docum the limited liability com	comply with the rwith and accept ent is being filed pany has been
Si	natu	re of Regi stered Agent				