

L16000215882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

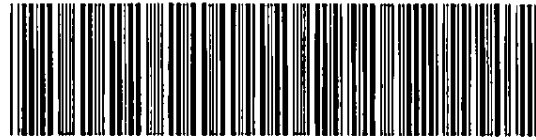
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES
JOHN E. PHELAN, P.A.

MIAMI TOWER
SUITE 2600
100 S.E. 2ND STREET
MIAMI, FLORIDA 33131

JOHN E. PHELAN

TELEPHONE (305) 373-6606
FACSIMILE (305) 373-4248
E-MAIL: pkelanlaw@msn.com
www.pkelanlaw.net

December 12, 2017

Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via FedEx

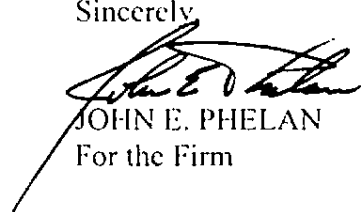
**Re: Xedge, LLC
Our File No.: 17-1503
Provepa, LLC
Our File No.: 17-1505**

To Whom It May Concern:

Please find enclosed the signed Statement of Change of Registered Office/Agent for each of the above-referenced entities. Also attached are our firm check numbers 4950 and 4951 in the amount of \$25.00 each for the corresponding filing fees.

Thank you in advance for your assistance in this matter and should you have any questions or comments, please do not hesitate to contact the undersigned.

Sincerely,


JOHN E. PHELAN
For the Firm

JEP/vmc
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XEDGE 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:

John E. Phelan

Name of Person

John E. Phelan, P.A.

Firm/Company

100 S.E. 2nd Street, Suite 2600

Address

Miami, FL 33131

City/State and Zip Code

Phelanlaw@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John E. Phelan

Name of Person

at (305) 373-6606

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

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: XEDGE LLC
2. (a) c/o John E. Phelan, P.A.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
100 S.E. 2nd Street, Suite 2600
Miami, FL 33131
- (b) c/o John E. Phelan, P.A.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
100 S.E. 2nd Street, Suite 2600
Miami, FL 33131
3. 11/28/2016 Date of filing/registration in Florida
4. L16000215882 Document number

5. (a) Coprolite Corporation
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
100 S.E. 2nd Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 2600
Miami, FL 33131

- (b) John E. Phelan, P.A.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
100 S.E. 2nd Street
NEW Registered Office Address:
Suite 2600
Miami, FL 33131

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17 DEC 14 PM 4:03
TALLAHASSEE, FLORIDA

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.

Rosa Luisa Pasquel
Signature of a member or authorized representative of a member

Rosa Luisa Pasquel
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]
Signature of Registered Agent

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