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COVER LETTER

Amendment Section Division of Corporations AGENT - XL Tech Group, Inc **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: XL TechGroup, Inc. (Firm/Company) 1901 S. Harbor City Blud, Suite 300 Melbourne TL 32901
(City/state and zip code) For further information concerning this matter, please call: Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation: XL TechGr	roup, Inc.	
2.	The principal office address:	1901 S. Harbor City Blvd. 3rd Floor Melbourne, FL 32901	
3.	The mailing address (if different):	· · · · · · · · · · · · · · · · · · ·	
4.	Date of incorporation/qualification: 10/11	1/04 Document number: F04000005836	اه. ه .
5.	The name and address of the current regist	tered agent and office:	
6.	Miami, Florida 33131 The name and address of the new registere	VO. Suite 300	<u> </u>
	e street address of its registered office and tlanged, will be identical.	the street address of the business office of its registered agent, as	
the (ch change was authorized by resolution duly board, or the corporation has been notified Signature of an officer, chairman or vice chairm ARK ROBLES (Printed or typed name and title)	nan of the board (Date)	by
I fu am refl	familiar with and accept the obligation of my po	statutes relative to the proper and complete performance of my duties, osition as registered agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notified in writing of this	
If s	igning on behalf of an entity:	- -	
	(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *