## F10000065463

(Requestor's Name)			
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(Business Entity Name)			
(Document Number)			
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	ACCOUNT NO.	: I2000000195
	REFERENCE	: 977256 7524948
	AUTHORIZATION	: Sprets de man
	COST LIMIT	: \$ 35.00
ORDER DATE :	August 26, 2021	
ORDER TIME :	4:36 PM	
ORDER NO. :	977256-140	
CUSTOMER NO:	7524948	

## CHANGE OF AGENT

NAME: CXA-18 CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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. \* .

## 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  $\frac{TX}{}$  \_\_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation	CXA-18	CORPORATION
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2	The	principal	offico	addreec
د مشد	TILL	principai	Unice	audicos.

6000 LEGACY DRIVE PLANO, TX 75024

3. The mailing address (if different):	
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4. Date of incorporation/qualification:	12/10/2010	Document number:	F1000005463
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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION, FL 33324	-	دی 	2021	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off			AUG 3 I	
	Corporation Service Compan	у	2 2 2 2 2	AM	, 11 77 1 1
	1201 Hays Street			င္မာ	
	P.O. Box_NOT acceptable			57	
	Tallahassee	FL 32301			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jill Cilmi, Vice President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company gnature of Registered Agent

08/27/2021

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

Typed or Printed Name

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

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