Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MERIAM CORPORATE SERVICES, INC.

Account Number : I20230000158 Phone : (720)318-8456 Fax Number : (480)771-3338

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: meriamfinancial@gmail.com

REGISTERED AGENT CHANGE **XCELLENT ATL INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: XCELLENT ATL INC		
Name	of Corporation		
DOC	UMENT NUMBER: F2400000050		
The e	nclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning the	nis matter to the following:	
	ntha Jackson		
Name	of Contact Person		
Meria	Meriam Corporate Services, Inc.		
Firm/	Company		
	x 52588		
Addre	SS		
Mesa.	AZ 85208		
City/S	tate and Zip Code		
	meriamfinancial@gmail.co	m	
E-ma	il address: (to be used for future annu	ial report notification)	
For fu	rther information concerning this matter	, please call:	
Saman	the Jackson	at (720)318.8456 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclo	sed is a \$35.00 check made payable to the	ne Department of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E045 (04/13)

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

statement of che	unge is suhmitted for a corpore	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida		
		te or registered agent, or both, in the State of Florida.		
The name of the corporation: XCELLENT ATL INC 2. The principal office address: 222 Lakeview Ave Ste 800 West Palm Beach FL 33401				
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 01/04/2	024 Document number: F2400000050		
5. The name and Florida Depar	d street address of the current r rtment of State; (If resigned, er	registered agent and registered office on file with the inter resigned)		
	TERRY LYNCH			
	160 FORUM CORPORATE P	KWY STE 350		
	FORT MYERS, FL 33905			
6. The name and (if changed):	f street address of the new regi	stered agent (if changed) and /or registered office		
	Terry Lynch			
	222 Lakeview Ave Ste 800			
	West Palm Beach FL 33401	P.O. Box NOT scoeptable		
	ess of its registered office and be identical.	the street address of the business office of its registered agent,		
authorized by the	as authorized by resolution during the board, or the corporation h	dy adopted by its board of directors or by an officer so as been notified in writing of the change.		
and	and _	Terry Lynch, President		
i further agree :	io comply with the provisions	Printed or typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance opt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.		
water	sh.	08/19/2024		
	nature of Registered Agent	Date ,		
Т	yped 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
CR2E045 (04/13)