## 

Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

CR2E031(7/97)

| COM OKATION NAME(S) & DOC                                   |  |
|---|--|
| 1. XMAXIC   |  |
| (Corporation Name)  | (Document #)   |
| 2. (Corporation Name)                                       | (Document #)   |
| (Godpoundaries)   | <b>700006134827</b> 5<br>-07/01/0201093004   |
| 3. (Corporation Name)                                       | *****25 <u>.00</u> ******25.00<br>(Document #)   |
| 4. (Corporation Name)                                       | (Document #)   |
|   | Certified Copy   |
| Walk in Pick up time  |  |
| ☐ Mail out ☐ Will wait                                      | Photocopy Certificate of Status  |
| NEW FILINGS   | <u>AMENDMENTS</u>  |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |
| OTHER FILINGS   | REGISTRATION/QUALIFICATION   |
| Annual Report Fictitious Name                               | Foreign Limited Partnership Reinstatement Trademark Other  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| of the state of Mortal.   |
|---|
| 1. The name of the limited liability company is: XMAX LLC   |
| 2. The mailing address of the limited liability company is: 6473 PARKLAND Dr.   |
| Confidency company is: 64 15 [ARRLAND Dr.   |
| 2 12 Can SARASOTA FZ. 34243   |
| 2-12-2001  3. Date of filing/registration in Florida  L0100000 2336   |
| 4. Document number  |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: ROSE PATRICIA   |
| 6473 PARKLAND Dr.   |
| SARASOTA FL. 34243  City. State and Zip   |
|   |
| 6. The name and address of the new registered agent and/or office:  |
| Kevin R. Goodale  |
| Florida street address (P.O. Box NOT acceptable)  |
| Florida street address (P.O. Box NOT acceptable)  |
| Bradenton, FL 34210   |
| City, State and Zip   |
| 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. |
| (Signature of a member or authorized representative of a member)  |
| MAX MULLER (Printed of typed name of signes)  |
| SE Constitution of Signitor   |
| 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 the confirmation of the limited liability company has been notified in writing of this change.  Signature of Registered Agent)   |
| Division of Corporations no a   |

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

INHS18(10/99)

**FILING FEE: \$25.00**