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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: REGISTERE Name	D AGENT UPDATE FOR of Limited Liability Company LM NU
Dear Sir or Madam:	LINNE
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
LAUREN MCCALL Name of Person	
Firm/Company	
7961 COW CAMP Address	LANE
SARASOTA, FL 3	34240
City/State and Zip Code	
E-mail address: (to be used for future annual	call @ gmail. com
E-mail address: (to be used for future annual)	al report notification)
For further information concerning this matter, p	lease call:
LAUREN MCCAUL Name of Person	at (404) 434-1469 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 a	mount:
\$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. I	Name of the limited liability company: XMNU LLC
2. (a)	(b)
<u>د. (۵)</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7961 CON CAMPLANZ
	SARASOTA FL 34240
	63/29/2017 (6620997277)
3.	Date of filing/registration in Florida 4. Document number
5. (a)	i i
J. (U.	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	EROME ZIVAN
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	4740 HWYZOFAST
	NICEVILLE ,FL 32547
(b)	LAUFEN MCCALL SEE SE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	LAVREN MCCALL
	NEW Registered Office Address:
	7961 COW CAMP LANG
	SARASOTA FL 34240
the chagent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
	(ALLERN W. MCCALL
Sign	ature of a member or authorized representative of a member Printed or typed name of signee
provis the ob- to met	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the nions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acceptifications of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been address. I hereby confirm that the limited liability company has been are the change.
Signat	ure of Registered Agent