

208000061599

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SECRETARY OF STATE  
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D. BRUCE

SEP 22 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Embedded XLence, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Darryl Killingsworth, Mgrm

Name of Person

Embedded XLence, LLC

Firm/Company

108 Auburn Road

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

accounting@exiwebmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Darryl Killingsworth

Name of Person

at ( 850 )

362-6001

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: Embedded XLence, LLC

2. (a) Principal office address of limited liability company: 108 Auburn Road

☒ (Note: **MUST BE STREET ADDRESS**) Fort Walton Beach, FL 32547

(b) Mailing address of limited liability company: 108 Auburn Road

☒ (Note: **MAY BE POST OFFICE BOX**) Fort Walton Beach, FL 32547

06/23/2008 3. Date of filing/registration in Florida L08000061599 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: John Darryl Killingsworth

Registered Office Address: 13 Memorial Parkway SW  
Suite 102S  
Fort Walton Beach, FL 32548

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:** John Darryl Killingsworth

**NEW Registered Office Address:** 108 Auburn Road  
**(MUST BE FLORIDA STREET ADDRESS)** Fort Walton Beach, FL 32547

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.

John Darryl Killingsworth  
Signature of a member or authorized representative of a member

John Darryl Killingsworth

Printed or typed name of signee

*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 Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

John Darryl Killingsworth  
Signature of Registered Agent

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

**FILING FEE: \$25.00**