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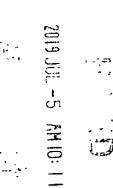
(Requestor's Name)							
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PICK-UP WAIT MAIL	-						
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations							
SUBJECT: 2 E-350 XLT SB, LLC							
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
Spencer Angel							
Name of Person							
Firm/Company							
11211 SW 152ND ST							
Address							
Miami, Florida 33157							
City/State and Zip Code							
sangel@ppmcr.com							
E-mail address: (to be used for future annu	al report notification)						
For further information concerning this matter, p	please call:						
spencer angel	305 255-1355						
Name of Person	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	amount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

2 E-350 XLT SB, LLC

Name of the limited liability company:

2.	(a)	2 E-350 XLT SB, LLC	— — (	<sub>b)</sub> 2 E-350	0 XLT SB, LLC		
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited lin (Note: MAY BE POST O	-	
		11211 SW 152nd street		11211 9	SW 152nd street		
		Miami, FI 33157	_	Miami,	FI 33157		
		05/19/09		L090000	)48699		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Spencer Angel					
J.	(4)	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept. of Sta	te:		
		Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>S)</u>	_		
		80 S.W. 8TH STREET, SUITE 2000				2	
		Miami , F	33130	)		الا 1909	H- j
	(b)	Spencer Angel			,	ر ا آ	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>			ddress:	_	_	; · · ·
						AH 10:	O
		NEW Registered Office Address:		-	_		
		11211 SW 152nd street	_				
		Miami	<sub>L</sub> 33157	,			
th ag wa	e cha ent v as/wo	imited liability company is not organized under the Imge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the	aws of the of the reg liability of the lir	istered offic ompany, it nited liabili	te and the business office is hereby confirmed that ty company or as otherw	e of the	registered ange(s)
_	4		Sp	encer And	gel		
1	Signal	ture of a member or authorized representative of a member			Printed or typed name of s	ignee	

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 605, 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

Signature of Registered Agent