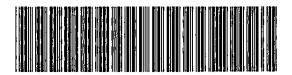
L0900000884

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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SECULIARY OF STAI

T. HAMPTON
NOV 1 4 2011
EXAMINER

COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT:	Xandia LLC	
Name of Lim	nited 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:		
Maria Tarle		
Name of Person		
Xandia LLC Firm/Company		
Firm/Company ·		
3208C E. Colonial Dr. #153	. •	
Address	· ·	
0 5 00000		
Orlando, FL 32803		
City/State and Zip Code		
ada92653@yahoo.com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
,		
Marka Tarib	050.0700	
Maria Tarle a	t (407) 353-2798 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
¥ 425 1 11115 1 00	\$55 ining i ee as continue copy	

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:	Xandia LLC
2. (a) Principal office address of limited liability company	: 3208C E. Colonial Dr. #153
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32803
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
,	
07/23/2009	L09000070884
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	AGENTS AND CORPORATIONS, INC.
Registered Office Address:	300 FIFTH AVENUE SOUTH
registored office realists.	SUITE 101-330
	NAPLES FL 34102
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: 365 LLC
NEW Registered Agent.	000 120
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3208C E. Colonial Dr. #153
(MUSI BE FLURIDA SI KEET ADDKESS)	Orlando ,FL32803
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Maria Tarle Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the province of the provisions of the provisions of the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization was/were provided in the articles of organization was/were provided in the articles of organization was provided in the articles of organization or the provided in the provi
Maria Tarle Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00