

L09000070884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700213854417

11/10/11--01016--011 **25.00

FILED

2011 NOV 10 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xandia 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:

Maria Tarle
Name of Person

Xandia LLC
Firm/Company

3208C E. Colonial Dr. #153
Address

Orlando, FL 32803
City/State and Zip Code

ada92653@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Tarle at (407) 353-2798
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 amount:

☒ \$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 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 records of the Florida Dept. of State:

Registered Agent:

AGENTS AND CORPORATIONS, INC.

Registered Office Address:

300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES FL 34102

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

NEW Registered Agent:

365 LLC

NEW Registered Office Address:

3208C E. Colonial Dr. #153

(MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32803

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.

Maria Tarle

Signature of a member or authorized representative of a member

Maria Tarle

Printed or typed name of signer

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.

Maria Tarle

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
NOV 10 AM 11:42
TALLAHASSEE, FLORIDA
CLERK OF STATE