(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
_							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Consultantustion to Filing Officer							
Special Instructions to Filing Officer:							
J DENNIS							
JUL 2 4 2023							
VOL 7 - 1111							

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI			
	7	Name of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Didier	Vasnteenberghe		
	Name of Person		_
MAXX	IIS LLC		
-	Firm/Company		
384 ST	JOHNS FOREST BLVD		
	Address		
JACKS	SONVILLE, FL 32259		
	City/State and Zip Cod	e	_
landlor	d@maxxis-llc.com		
	E-mail address: (to be used for future	annual report notif	ication)
For fu	rther information concerning this mat	ter, please call:	
DIDIE	R VANSTEENBERGHE	305 at (7584477
	Name of Person	ar (Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	S25 Filing Fee	□ \$	55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	nme of the limited liability company: MAXXIS LLC					
2. (a)	MAXXIS LLC		(b) MAXXIS LLC			
(.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addres	ss of limited liability company: Y BE POST OFFICE BOX)		
	384 ST JOHNS FOREST BLVD		384 ST JOHNS FOREST BLVD			
	JACKSONVILLE, FL 32259	_	JACKSONVILLE, FL	32259		
	6/29/2010		L10000069314			
3.	Date of filing/registration in Florida	4.	Document	number		
5. (a)	ROSE MARIE PREDDY					
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET A	<u>:SS1</u>				
	12627 SAN JOSE BLVD #102			~ •		
	JACKSONVILLE . FL	32223		168		
(b)	DIDIER VANSTEENBERGHE			FIL SEGRETARY 2029 MAY 10		
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			الله الله الله الله الله الله الله الله		
				D OF STATE PH 12: 06		
	NEW Registered Office Address:			112: 06		
	384 ST JOHNS FOREST BLVD					
						
	JACKSONVILLE, FL	32259				
change agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ides of organization or the operating agreement of the	regist bility f the limite	ered office and the busine company, it is hereby con limited liability company	ess office of the registered nfirmed that the change(s) or as otherwise provided in		
Signa	thure of a member or authorized representative of a member	-		ped name of signee		
I here provis the ob to mer notifie	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I have a change of this change.	ee to perfoi l for i ereby	act in this capacity. I furt mance of my duties, and n Chapter 605, F.S. Or, i confirm that the limited i	her agree to comply with the I am familiar with and accept if this document is being filed liability company has been		

FILING FEE: \$25.00