

L10000088276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

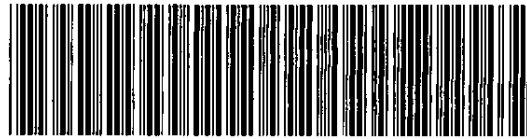
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100184938321

09/07/10--01040--018 \*\*25.00

FILED  
10 SEP - 7 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXI, 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:

JENNIFER JONES-REYNOLDS  
Name of Person

EXI, LLC  
Firm/Company

14545 J MILITARY TRAIL, #202  
Address

DELRAY BEACH, FL 33484  
City/State and Zip Code

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

For further information concerning this matter, please call:

JENNIFER JONES-REYNOLDS at ( 561 ) 309-7505  
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: EXI, LLC

2. (a) Principal office address of limited liability company: JENNIFER JONES-REYNOLDS

(Note: **MUST BE STREET ADDRESS**) 14545 J MILITARY TRAIL #202  
DELRAY BEACH, FL 33484

(b) Mailing address of limited liability company: JENNIFER JONES-REYNOLDS

(Note: **MAY BE POST OFFICE BOX**) 14545 J MILITARY TRAIL #202  
DELRAY BEACH, FL 33484

AUGUST 23, 2010

3. Date of filing/registration in Florida

4. Document number L10000088276

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

Registered Agent: JENNIFER J REYNOLDS

Registered Office Address: 109 W. LEE RD.  
DELRAY BEACH, FL 33445

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

**NEW Registered Agent:** JENNIFER JONES-REYNOLDS

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 14545 J MILITARY TRAIL #202  
DELRAY BEACH, FL 33484

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.

 9-2-2010  
Signature of a member or authorized representative of a member

JENNIFER JONES-REYNOLDS

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.*

\_\_\_\_\_  
Signature of Registered Agent

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

FILED  
10 SEP -7 PM 2:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA