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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: KANGOO XP	CESS LLC Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this mat	ter to the following:		
Carobs Castellan Name of Person	<u>08</u>		
MER			
Firm/Company			
3100 Nw 72 Ave #122	<del></del>	2013 FEB SEURETA TALLAHA	
		SSE	
Mirm#L 33122			į 1 į
City/State and Zip Code		PHIZ: 44 OF STATE FLORIDA	
E-mail address: (to be used for future annual report notification)	man lingue	DE F	
For further information concerning this matter, please	e call:		
Ambs Aste Lands at (7) Name of Person	86 238878 Area Code & Daytime Telepho	one 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 amous	nt:		

□ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

## 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: PAWG	∞ XPress LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	•
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3100 NW 72AVE \$122 MANUE FL 33122
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on a Registered Agent:	the records of the Florida Dept. of State:
Registered Office Address:	3100 NW 72 AVE #122 MANI FL 33/22
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	0 - 1
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	USCARI ENRIQUE SOSA ESCUI 3100 NW72 AND #122
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the province of a member of the provisions of all statutes relative to the province of a member of the province of the	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or STATE STATE OF STAT

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

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