

L1000001389

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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 30 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2016

NEX-XOS WORLDWIDE LLC
PO BOX 1001
DANIA BEACH, FL 33004

SUBJECT: NEX-XOS WORLDWIDE LLC
Ref. Number: L11000001389

RECEIVED
2016 NOV 29 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please return your check with a note stating what the money is intended for.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 316A00024336

REGISTER FORMS SUN BIZ LIMITED LIABILITY

STATEMENT OF RECEIPT

2016 NOV 28 P 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEX-XOS WORLDWIDE 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:

Saul Mishkin

Name of Person

NEX-XOS WORLDWIDE LLC

Firm/Company

3922 Pembroke Rd

Address

Pembroke Park FL 33021

City/State and Zip Code

saul@nex-xos.com

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

For further information concerning this matter, please call:

Saul Mishkin

Name of Person

at (305) 8904636

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: NEX-XOS WORLDWIDE LLC

2. (a) 3922 Pembroke Rd (b) 3922 Pembroke Rd

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Pembroke Park FL 33021

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Pembroke Park FL 33021

01/04/2011

L11000001389

3. Date of filing/registration in Florida

4. Document number

5. (a) Saul Mishkin

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1922 Tigertail Blvd

Building 12, FL 33004

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

NEW Registered Office Address:

3922 Pembroke Rd.

Pembroke Park, FL 33021

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.

Signature of a member or authorized representative of a member

SAUL MISHKIN

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 605, 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
2016 NOV 28 P 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA