L11 000 125013

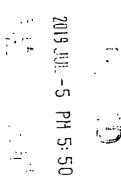
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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07/03/19 -- 01000 -- mail -- ** 25.00



R. WHITE.
JUL 1 6 2019

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: 4 E-350 XLT SB, LLC Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Spen	cer Angel				
	Name of Person				
	Firm/Company		_		
1121	1 SW 152ND ST				
	Address				
Miam	ni, Florida 33157				
	City/State and Zip Code				
sange	el@ppmcr.com				
Ē	-mail address: (to be used for future ann	iual report notif	fication)		
For fur	ther information concerning this matter,	please call:			
spend	cer angel	305	255-1355		
	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		Re Di P.o	AHANG ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ S.	55 Filing Fee & Certified Copy		
INHS18	8 (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	nine of the limited liability company: 4 E-350 X	(LT SB, LLC				
2. (a)	4 E-350 XLT SB, LLC	(h) '	4 E-350 XLT SB, LLC			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	11211 SW 152nd street		I1211 SW 152nd street			
	Miami, FI 33157		Miami, FI 33157			
	11/02/2011	Ľ.	11000125013			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Spencer Angel					
J. (u)	Registered Agent and Registered Office shown on the record	ds of the Florida D	ept, of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	80 S.W. 8TH STREET, SUITE 2000		. 201			
	Miami	. FL_33130	2018 JUL -			
(b)	Spencer Angel		O1			
. ,	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addre	PH 5: 49			
			5			
	NEW Registered Office Address:		,			
	11211 SW 152nd street					
	Miami	, FL 33157				
the cha agent v was/w	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the members of organization or the operating agreement of	ss of the registe ed liability com ers of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in			
<u> </u>		Spen	cer Angel			
-	ture of a member or authorized representative of a member	,	Printed or typed name of signee			
provisi	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as prov lev reflect a change in the registered office address	dete performan	ce of my duties, and I am familiar with and accer-			

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

signature of Registered Agent