

L120000007904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

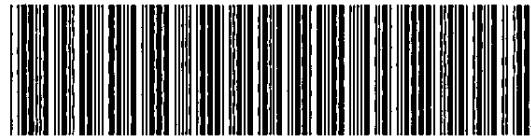
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 20 2012

EXAMINER



July 9, 2010

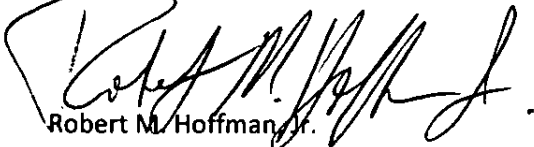
Division of Corporations  
Amendment Division  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sirs:

As the incorporator of Xchange of America, Inc. (formerly DI Collectibles, Inc.) please allow the name change of XOA, LLC to Xchange of America, LLC. It is a wholly owned subsidiary of the parent Xchange of America, Inc.

Please call with any questions.

Sincerely,



Robert M. Hoffman, Jr.  
President

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TALLAHASSEE, FLORIDA



**XCHANGE OF AMERICA, INC.**

819 South Federal Highway • Suite 103 • Stuart • Florida 34994  
Toll Free: 888-800-1977 Local: 772-283-5152 Fax: 772-283-0112  
Website: [www.xchangeofamerica.com](http://www.xchangeofamerica.com)

LICENSED BY: Florida Office of Financial Regulation

REGISTERED WITH: Department of the Treasury

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** XOA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Hoffman  
Name of Person  
XOA, LLC  
Firm/Company  
819 South Federal Hwy, Suite 103  
Address  
STUART, FL 34994  
City/State and Zip Code  
info@xchangeofamerica.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Robert Hoffman at (772) 283-5152  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

XOA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/17/2012 and assigned Florida document number L12000007904

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Xchange of America, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Xchange of America, Inc.

New Registered Office Address:

819 South Federal SUITE 103

Enter Florida street address

STUART

Florida

34994

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

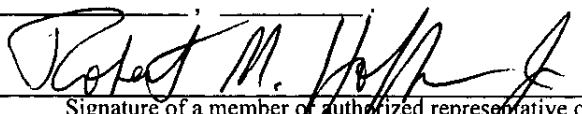
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HOFFMAN, Robert, Jr.	5768 SE PINE AVE STUART, FL 34997	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member  
Robert M. Hoffman, Jr.  
Typed or printed name of signee

12 JUL 19 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2012

ROBERT HOFFMAN  
XOA, LLC  
819 SOUTH FEDERAL HWY., SUITE 103  
STUART, FL 34994

SUBJECT: XOA, LLC  
Ref. Number: L12000007904

We have received your document for XOA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

PAGE 2 OF 2 MISSING

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 612A00018709