L12 0000 56400

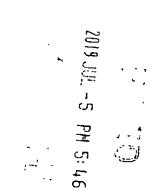
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Constitution to Filtra Office.				
Special Instructions to Filing Officer:				





900331263289

07/03/13--0-6555 007 ** 7.56



R. WHITE JUL 16 2019

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	5 E-350 XLT SB, LLC					
		ne 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					
	ritti/Company					
1121	1 SW 152ND ST					
	Address					
Miam	ni, Florida 33157					
	City/State and Zip Code					
sang	el@ppmcr.com					
E-mail address: (to be used for future annual report notification)						
For further 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	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				

INHS18 (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.

Piorie					
1. N	name of the limited liability company: 5 E-350 X	LT SB, LLC			
2. (a)	5 E-350 XLT SB, LLC	(b) 5 E	E-350 XLT SB, LLC		
2. (u)	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	112	211 SW 152nd street		
	Miami, FI 33157	Mia	ami, Fl 33157		
	04/26/2012	L12	000056400		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	, Spencer Angel				
J. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STRE				
	80 S.W. 8TH STREET, SUITE 2000				
	Miami	, 33130	2019 JUL		
		, FL			
(b)	Spencer Angel		 		
()	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:			
			PH 5: 46		
	NEW Parkers I Office Address				
	NEW Registered Office Address: 11211 SW 152nd street		7: 0		
	11211 SW 15211d Street		<u></u>		
	Miami	, FL_33157			
the ch agent was/w the ar	limited 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 vere authorized by an affirmative vote of the member of organization or the operating agreement of attree of a member or authorized representative of a member	is of the registered and liability compar ars of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
provis the ob to met	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	lete performance :	of my duties, and I om familiar with and accept		

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

Signature of Registered Agent