

L12000087722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SS5X.COM LLS  
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:

Billy Leon Williams  
Name of Person

SS5X.COM LLC  
Firm/Company

10380 SW Village Center Drive, Suite 222  
Address

Port Saint Lucie, FL 34987-1931  
City/State and Zip Code

FL\_Div\_Corp@SS5X.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billy Leon Williams at ( 772 ) 532-1386  
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

**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: SS5X.COM LLC

2. (a) 10380 SW Village Center Drive, Suite 222 (b) 10380 SW Village Center Drive, Suite 222  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
Port Saint Lucie, FL 34987-1931 Port Saint Lucie, FL 34987-1931

3. 07/05/2012 4. L12000087722  
 Date of filing/registration in Florida Document number

5. (a) Billy Leon Williams  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5030 Champion Blvd., Suite G11-437  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Boca Raton, FL 33496-2473

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
10380 SW Village Center Drive, Suite 222  
**NEW Registered Office Address:**  
Port Saint Lucie, FL 34987-1931

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 TALLAHASSEE, FLORIDA

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.

Billy Leon Williams Billy Leon Williams  
 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 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 of the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Billy Leon Williams  
 Signature of Registered Agent