13000066268

(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



200301651932

07/24/17--01044--019 **25.00

FILED

17 JUL 24 PH 3: 07

DIVISION OF COMPONIONS

O SHAMONS

COVER LETTER

10.	Division of Corporations				
STIR	Xela Funds	LLC			
.90134	Name of Limited Liability Company				
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	office Change and fee(s) are submitted for filing.			
Pleas	e return all correspondence concerning t	this matter to the following:			
Alex	Zirakzadeh				
	Name of Person				
Xela	Funds LLC				
-	Firm/Company				
450	Alton Road, Suite 2107				
	Address				
Miar	ni Beach, FL 33139				
	City/State and Zip Code				
	z92@gmail.com				
	E-mail address: (to be used for future ar	nnual report notification)			
For fi	irther information concerning this matte	er, please call:			
Alex	Zirakzadeh	646-580-3516 at (
	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	ng 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. N	ame of the limited liability company: Xela Funds L	.LC		
2. (a)	450 Alton Road , Suite 2107	(b) 450 Alton Road, Suite 2107		
(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)	
	Miami Beach, FL 33139	Miami B	Beach , FL 33139	
	5/6/2013	L130000	66268	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	United States Corporation Agents, INC,			
J. (u)	Registered Agent and Registered Office shown on the records of 13302 Winding Oaks Court	the Florida Dept. of Stat	te:	
	Registered Office Address (MUST BE FLORIDA STREET) Suite A	ADDRESS _I		
	Tampa	33612	F L 24	
(b)	Enter name of NEW Registered Agent and/or NEW Registered 450 Alton Road, Suite 2107 NEW Registered Office Address:	Office address:	FILED 17 JUL 24 PM 3: 07 DIVISION OF CONCOUNTIONS	
	Miami Beach , FL	33139	_	
Signa I here provis the obto mer notifie	limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the sture of a member or authorized representative of a member obv accept the appointment as registered agent and agaions of all statutes relative to the proper and complete lightings of my position as registered agent as provide the vertical actions of this change.	f the registered offic ability company, it is of the limited liability limited liability con Alex Zirakza	re and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in an apparatus. deh Printed or typed name of signee pacity. I further agree to comply with the	