

L13000083081

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 31 2017

**THE LAW OFFICE OF**  
**JAY B. WATSON, P.A.**

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3500 THIRD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250

JAY B. WATSON, ESQ.  
jbw@jbwatsonpa.com

TEL: 904.372.9541  
FAX: 904.339.0501  
www.jbwatsonpa.com

May 24, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: XIA Massage, LLC.**  
**Statement of Change of Registered Office and Registered Agent**

Dear Sir or Madam:

Enclosed please find a completed Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for XIA Massage, LLC. Also enclosed is this firm's check in the amount of \$25.00 for the filing fee.

If you have any questions or need additional information, please contact me at [cjd@jbwatsonpa.com](mailto:cjd@jbwatsonpa.com) or at (904) 372-9642.

Thank you for your assistance in this matter.

Sincerely,



Carla J. Dixon  
Paralegal

Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XIA Massage, LLC

\_\_\_\_\_  
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:

Jay B. Watson, Esq.

\_\_\_\_\_  
Name of Person

Jay B. Watson, P.A.

\_\_\_\_\_  
Firm/Company

3500 Third Street South

\_\_\_\_\_  
Address

Jacksonville Beach, FL 32250

\_\_\_\_\_  
City/State and Zip Code

jbw@jbwatsonpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay B. Watson, Esq.

at ( 904 )

372-9541

\_\_\_\_\_  
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: XIA Massage, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

10300 Southside Boulevard

Same as street address

Jacksonville, FL 32256

06/07/2013

L13000083081

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

David W. Gordon & Eva Gordon

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

8010 Timbermill Road

Jacksonville, FL 32256

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jay B. Watson, Esq., Jay B. Watson, P.A.

NEW Registered Office Address:

3500 Third Street South

Jacksonville Beach, FL 32250

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.

Eva Gordon  
Signature of a member or authorized representative of a member

Eva Gordon  
Printed or typed name of signer

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

J. Watson  
Signature of Registered Agent

FILED  
17 MAY 30 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA