

L13000099964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

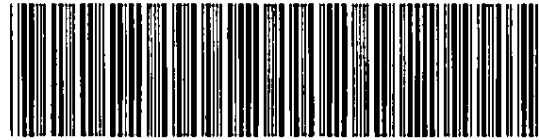
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 27 2022

RECEIVED BY MAIL

2022/12/27 10:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2023

THOMAS LEE
1230 SHORECREST CIRCLE
CLERMONT, FL 34711

SUBJECT: XOR DATA RECOVERY AND CYBERSECURITY STRATEGIES
LLC
Ref. Number: L13000099964

2023.03.10 10:52

We have received your document for XOR DATA RECOVERY AND CYBERSECURITY STRATEGIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a REGISTERED AGENT CHANGE FOR A CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

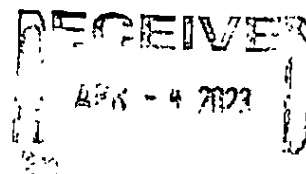
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 623A00005618



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XOR Data Recovery and Cybersecurity Strategies 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:

Thomas Lee
Name of Person

XOR Data Recovery and Cybersecurity Strategies LLC
Firm/Company

1230 Shorecrest Cir
Address

Clermont, FL 34711
City/State and Zip Code

Icemizer2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Lee at (727) 515-4534
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: XOR Data Recovery and Cybersecurity Strategies LLC

2. (a) 1230 Shorecrest Cir
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Clermont, FL 34711

(b) 1230 Shorecrest Cir
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Clermont, FL 34711

3. 7-15-2013
Date of filing/registration in Florida

4. L13000099964
Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

13302 Winding Oak Court
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Unit A

Tampa, FL 33612

(b) Thomas Lee
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1230 Shorecrest Cir
NEW Registered Office Address:

Clermont, FL 34711

2013-07-15 10:52

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.

Thomas Lee
Signature of a member or authorized representative of a member

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

Thomas Lee
Signature of Registered Agent