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COVER LETTER

TO: Registration Section Division of Corporations

_ Xtend St. Andrews LLC

SUBJECT:

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:

Andrea Rogers

Name of Person

Xtend St. Andrews LLC

Firm/Company

21200 St. Andrews Blvd, Suite 15

Address

Boca Raton, FL 33433

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City/State and Zip Code

andrea@xtendstudios.com

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

For further information concerning this matter, please call:

Elizabeth Lorber	917 509-6140	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following an	bount:	
2 \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
/HS18 (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.

 Name of the limited liability compa 	nv: Xtend St. Andrews	vs LLC
21200 St. Andrews Blvd		(b) 21200 St. Andrews Blvd
2. (a) <u>Principal office address of limit</u> (<u>Note: MUST BE STRE</u>	ed liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Suite 15		Suite 15
Boca Raton, FL		Boca Raton, FL
January 18, 2018		L15000011085
Date of filing/registrati	on in Florida 4.	Document number
Xtend Holdings LLC		
5. (a) <u>Registered Agent and Registered Offic</u>	e shown on the records of the Flor	lorida Dept of State:
21200 St. Andrews Blvd		
Registered Office Address (MUST	BE FLORIDA STREET ADDRI	RESSI CO
Suite 15		<u></u>
Boca Raton	, FL_33	33433
	, FL	26
A Pernille Jensen		
(b)	at and/or NEW Registered Office	ce address:
		ce address:
21200 St. Andrews Blvd		5
NEW Registered Office Address:		
Suite 15		
Boca Raton	, FL_334	3433
the change or changes are made, the FI	of a Florida limited liability vote of the members of the ating agreement of the limited	of the State of Florida, it is hereby confirmed that after registered office and the business office of the registered ity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in hited liability company.
and an Parena	/	Andrea Rogers Printed or typed name of signee
Signature of a member of authorized tentese	native of a member	
ion file in francisco inco en un ger	gistered agent and agree to proper and complete perfo iered agent as provided for ered office address, I hereb	to act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept ir in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been
Signature of Registered Agent	···	
Λ	Cornorations P.O. Box 6	6327• Tallabassee, FL 32314
514151011 01	FILING FEE: S	: \$25.00
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