## L130000 53929

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## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJE	TEN X, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this	s matter to the	following:				
IAN T.	HOLMES						
	Name of Person						
HOLM	ES KURNIK, P.A.						
	Firm/Company		<del></del>				
711 FI	FTH AVENUE SOUTH, SUITE 20	00					
	Address		<del></del>				
NAPL	ES FL 34102						
	City/State and Zip Code		<del></del>				
IHOLN	MES@HOLMESKURNIK.COM						
E-:	mail address: (to be used for future annu	al report notif	ication)				
For furt	her information concerning this matter,	please call:					
IAN T.	HOLMES	239	228-7280				
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy				
INHS18	(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.

1.	Na	me of the limited liability company: TEN X, LLC					
2.	(a)	9128 STRADA PLACE	1	(b) 9128 STRADA PLACE			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	,		lailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
		SUITE 10115			SUITE 10	0115	
		NAPLES FL 34108			NAPLES	FL 34108	
		03/26/2015		L	1500005	3929	
3.		Date of filing/registration in Florida	4.	_		Document number	
5	(a)	ALEX FIGARES, ESQ.					
٥.	(4)	Registered Agent and Registered Office shown on the records of the 5795 DRUMMOND WAY	ne Floric	da I	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>(S)</u>			
		NAPLES, FL_	34108	4108			
	(b)	IAN T. HOLMES, ESQ.				TILED MARSSESSION	
•	(U)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ess:	Service Community	
		711 FIFTH AVENUE SOUTH, SUITE 200				D 2: 4.7 of STATE	
		NEW Registered Office Address:	ADA T				
		NAPLES , FL	34102	2			
the age	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility of f the lin	gist con mil	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	Gigna	ture of a member or authorized representative of a member	_		(Y	OG McKODZG. Printed or typed name of signee	
pro the to	ovisi e obl mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete inguishers of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a considered of this change.	กอาวากา	ma	nce of my c	luties, and Lam tamiliar with and accept	
Si	gnatu	re of Registered Agent					