

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE NEXITO LLC

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S. WARREN

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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: NEXITO LLC	.			
2. (a)	8333 NW 53rd ST Suite 504	(6)	8333 NW 53rd ST Suite 504		
(,	Principal office address of limited liability company: *Note: MUST RE STREET ADDRESS)		Mailing address of limited liability compa (Nate: MAY RE POST OFFICE RO)		
	Miami, Florida 33166		Miami, Florida 33166		
					
					
	1/8/2016		L16000003803		
3.	Date of filing/registration in Florida	4, -	Document number		
5 (a)	BUSINESS FILINGS INCORPORATED				
5. (a)	Registered Agent and Registered Office shown on the records of	ilæ Florida I	Dept. of State:	,	
	1200 SOUTH PINE ISLAND ROAD		<u></u>	· =	
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS)	2.*	₩0V 20	
			_ 	. · · · · · · · · · · · · · · · · · · ·	=
	PLANTATION, F1	33324			
			· · · · · · · · · · · · · · · · · · ·	AM ::	
(b)	Freddy Romero				
	Enter name of NEW Registered Agent 2000 of NEW Recisterer	d Office and		<u> </u>	
	8333 NW 53rd ST Suite 504				
	NEW Registered Office Address:				
	Miami, F	L_33166			
			ease of Florida, it is berely confirmed that	after	
If the i	limited liability company is not organized under the la ange or changes are made, the Florida street address of	aws of me of the regis	tered office and the business office of the r	egistered	
agent	ange or changes are made, the Florida street address of will be identical / Or, in the case of a Florida limited leter authorized by an affirmative vote of the members	liability co	mpany, it is hereby confirmed that the chan ted liability company or as otherwise provi	ided in	
was/w the art	icles of organization or the operating agreement of the	e limited l	ability company.		
		Fre	ddy Romero, Member		
Signi	anire of a mephics of amborized representative of a member	-	Printed or typed name of signee	سطم بالمثن	
I here provis the ob to men notifie	this accept the appointment as registered agent and a stions of all stantes relative to the proper and complet life at the proper and complet life at the proper and complet life at the proper as provided the proper as provided in the registered agent as provided in writing of this charge.	gree to act le perform led for in C I hereby co	in this capacity. I further agree to comply unce of my duties, and I am familiar with a Chapter 605, F.S. Or, if this document is be infirm that the limited liability company ha	with the and accept sing filed is been	
	nicor Regarded Agons				
Senut	Division of Corporations P.O.	Roy 637	o Tollohassee, FL 32314		
	PILING	FEE: 525	.00.		

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