11600011520

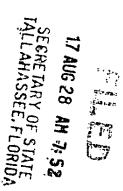
| (Re | questor's Name) | | |
|-------------------------|-------------------|-------------|--|
| | | | |
| (Add | dress) | | |
| | | | |
| (Address) | | | |
| | | | |
| (Cit | y/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| | | | |
| (Bu | siness Entity Nar | me) | |
| | | | |
| (Do | cument Number) | | |
| | | | |
| Certified Copies | Certificate | s of Status | |
| | | | |
| Special Instructions to | Filing Officer: | | |
| · | Ü | : | |
| | | | |
| | | | |
| | | | |
| | | | |
| , | | | |
| | | | |

Office Use Only



600302547126

08/28/17--01032--008 **25.00



COVER LETTER

TO:

Registration Section

| Division | of Corporations | | | | | | |
|--|--|---|-------------|--------|---------------------------|-------------|-------------|
| SUBJECT: | XALA Consulting LLC | ; | | | | | |
| | Name of Limited Liability Company | | | | | | |
| Dear Sir or Mada | am: | | | | | | |
| The enclosed Re | gistered Agent/Registered Of | fice Cha | nge and fe | ee(s) | are submitted for filing. | | |
| Please return all | correspondence concerning to | his matte | r to the fo | llow | ing: | | |
| | Ana Maria Perez | | | | | | |
| | Name of Person | | | - | | | |
| | XALA Consulting LLC | | | | | | |
| | Firm/Company | | | | | ₽° | 70 |
| | 8245 SW 64th St | | | | | | |
| | Address | | | | | HASS | 2017 AUG 10 |
| | Minus El 00440 | | | | ; | Mr. | 湿 |
| | Miami, FL 33143 | | | | | FLORIG | 17 |
| | City/State and Zip Code | | | | | 콢 | PO |
| | cladllc@gmail.com | | | | | 17.2 | |
| E-mail add | ress: (to be used for future ar | ınual rep | ort notific | ation | 1) | | |
| For further infor | mation concerning this matte | r, please | call: | | | | |
| А | na Maria Perez | at (| 305 |) | 575-9539 | | |
| | Name of Person | _ | | Are | a Code & Daytime Teleph | ione Numbei | r |
| Registra Division Clifton I 2661 Ex | T/COURIER ADDRESS: stion Section of Corporations Building secutive Center Circle ssee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclose | d is a check for the following | ig amou | nt: | | | | |
| √ \$25 F | Filing Fee | | Q S55 | 5 Fili | ng 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 | nne of the limited liability company: XALA Co | onsulting L | LC . |
|-----------------------------|--|--|---|
| 2. (a) | 8245 SW 64th St | (b) | 8245 SW 64th St |
| ~ (u) _ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Miami, FL 33143 | | Miami, FL 33143 |
| | 08/03/2017 | · | L16000011520 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Xavier Perez | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of t | | . of State: |
| | 8245 SW 64th St | | |
| | Registered Office Address [MUST BE FLORIDA STREET A | (DDRESS) | DOLL MAN |
| | Miami , FL | 33143 | |
| /ls) | Ana Maria Perez | | AR. |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | |
| | N/A | | TORIGO |
| | NEW Registered Office Address: | | 20 m |
| | | | |
| the ch agent was/w | limited liability company is not organized under the lave ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | vs of the Stat the registere ability compa of the limited | e of Florida, it is hereby confirmed that after d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| | (Inallana 2) | | Ana Maria Perez |
| Sign | nture of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob- to men | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is a first the change of this change. | ree to act in to performance d for in Chap hereby confir | his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed on that the limited liability company has been |
| Signat | ure of Registered Agent | | |
| | Division of Corporations P.O. I | Box 6327• T EE: \$25.00 | allahassee, FL 32314 |