## L16 000 186040

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(Address)		
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(Cit	ty/State/Zip/Phone	e #)
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lext Generation Name of Limite	1 Mac	Cing, LCC
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:	
Jennifer Lowney Name of Person		
Wext Generation Imagine	g,UC	FILING CANCELLED DUE TO RETURNED CHECK
15686 84th Ave. Worth		
Palm Beach Gardens, Fl City/State and Zip Code	33418	
happy banana Zaal Con fi-mail address: (to be used for future annual report i	notification)	
For further information concerning this matter, please call	:	
Name of Person	6() <u>38</u> C	<u>T-GSCC</u> de & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		

☐ \$55 Filing Fee & Certified Copy

5 Filing Fee

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. Name of the limited liability company: Principal office address of limited Hability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. filing/registration in Florida gent and Registered Office shown on the records of the Florida Dept. of State: FILING CANCELLED DUE TO RETURNED CHECK Enter name of NEW Registered Agent and/or **NEW** Registered Office Address: 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. Of 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. a number or authorized representative of a member 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 statute frelative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my physicion 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

> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

egistered Ageny