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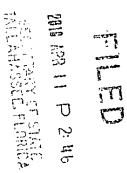
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: REXTI, LLC			
Na	me of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing	•
Please return all correspondence concerning to	his matter to th	ne following:	
TRUMAN REXTI			
Name of Person			
Firm/Company			
4417 MARTINS WAY #E			
Address			
ORLANDO/FL 32808			
City/State and Zip Code			Ø∂ 2
TRUMAN.REXTI@GMAIL.COM			ALL APRIL TO
E-mail address: (to be used for future an	nual report no	tification)	
For further information concerning this matter	r, please call:		
TRUMAN REXTI	321 at (474-7326	二 <u>元</u>
Name of Person		Area Code & Daytime Tele	phone 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 Fallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:		
2 \$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy	y

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	ame of the limited liability company: REXTI, LLC				
2. (a)	1/17 MARTING MAY #E		(b) 4417 MARTINS WAY #E		
·· (₩).	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32808	_	ORLANI	DO FL 32808	
	3/20/2017	_	L1700006	32684	
3.	Date of filing/registration in Florida	4.		Document number	
(a)	UNITED STATES CORPORATION AGENTS	, INC.			
.(4)	Registered Agent and Registered Office shown on the records of th	ie Florid	a Dept. of State	- 9:	
	Registered Office Address (MUST BE FLORIDA STREET A) 13302 WINDING OAK COURT	DDRES:	<u>. </u>		
	TAMPA , FL	33612			
(b)	TRUMAN REXTI			The second secon	
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	4417 MARTINS WAY #E			TA D O	
	NEW Registered Office Address:				
	ORLANDO .FL3	32808		•	
ne cha gent v vas/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivilible identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability and the clean of the clean of the liability and the clean of the clean	he regi bility co the lim imited	stered office ompany, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
Signa	ture of a member or authorized representative of a member		 	Printed or typed name of signee	
rovisi he obl o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he is more this change.	e to act verform for in (vreby c	t in this capt ance of my t Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent				