## L17000187189

(Requ	uestor's Name)			
(Address)				
(Addı	ess)	-		
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	me)		
,	ument Number)	1		
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer;				

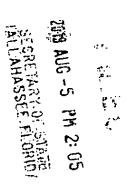
Office Use Only



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## **COVER LETTER**

TO: Registration Section 5 Division of Corporations						
LXA Consulting Group						
SUBJECT:Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning the	is matter to the following:					
Lori Gentile						
Name of Person	- <del></del>					
LXA Consulting Group						
Firm/Company						
1771 Ringling Blvd #1211						
Address						
Sarasota, FL 34236						
City/State and Zip Code						
Lori@LXAConsulting.com						
E-mail address: (to be used for future ann	ual report notification)					
For further information concerning this matter,	please call:					
Lori Gentile	9419078715					
	at ()					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, 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.

	LXA Consulting	g Gro	up		
1. Na 2. (a)	me of the limited liability company:	(h	1	711 Rin	gling Blvd #1211
i. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Sarasota, FL 34236	_ (0			niling address of limited liability company: (Note: MAY BE POST OFFICE BOX) , FL 34236
	09/01/2017	-		700018	7189
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS	4. , INC.		Γ	Document number
·· ( <del></del> )	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	e Florida	Dept	. of State:	- 10
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	2		
	Tampa . FL	33612			The second secon
, (b)	Lori Gentile		_		SEE TLORIS
1 (1)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	dress:	:	表現 <b>9</b>
	1771 Ringling Blvd #1211	. <b>-</b> -			
	NEW Registered Office Address:				
	SARASOTA , FL	34236	;		
the cha agent w was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of oles of organization or the operating agreement of the liability.	he regis pility co the lim imited l	stere ompa oited liabil	d office a my, it is liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
-	ure of member or authorized representative of a member				Printed or typed name of signee
lorgied	by accept the appointment as registered agent and agree ons of all stratues 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 writing of this change	e to act perform for in ( ereby co	in th ance Thap onfir	his capad of my di ter 605, m that th	city. I further agree to comply with the uties, and I am familiar with and accep. F.S. Or, if this document is being filed be limited liability company has been
Signatur	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

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