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(Re	equestor's Name)	• •••
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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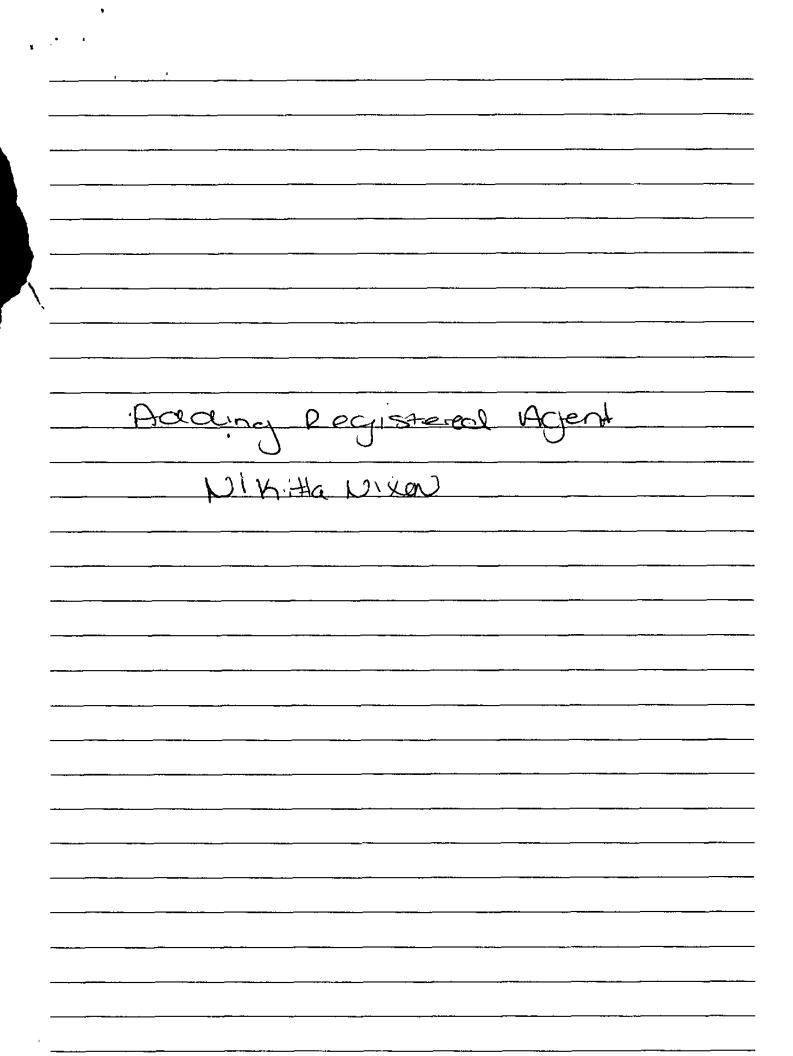
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## COVER LETTER '

TO: Registration Section Division of Corporations		
SUBJECT: BX Bio Xpre Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change at	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Vicholas Jama Name of Person	<u>~</u>	
BX Bio Xpres	SLLC	
119 LW 65 th St Address		
Miami FL 3315 City/State and Zip Code	<u>O</u>	
bi 0 x Pressery celegramail. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (951	1 636-6159 Area Code & Daytime Telephone Number	
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

\$25 Filing Fee



## 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.

i. Na	me of the limited liability company: 13 X 1810 XOCESS
2. (a)	Principal office address of limited liability company:  (b) P.O BOX 171664 Haleau  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida  Dicholas  Lamar  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Miani, FL 83 150  Ni Mith Ha Sacy Mill Now Prosiclent Section of NEW Registered Office address:
	NEW Registered Office Address:
	Miramar , FL 33097
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.  The limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.  Printed or typed name of signee
provisi the obl to merc notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.