## LI7 000215253

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2020 JUL 27 PH I2: 15
SECRETARY OF STATE

JQ 01/21/20

## COVER LETTER

Division of Corporations	
HAXIT LLC DOC. NR L17000215253	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
FRANCA TRAVERSA	
Name of Person	
GRE.CO CONSULTING INC	
Firm/Company	
9410 TANERINE PLACE # 207	
Address	<del></del>
DAVIE, FL. 33324	
City/State and Zip Code	
traversa@greconsulting.netF	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	dl:
Franca Traversa 30 at (	5 714-0398
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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.

1. Name of the limited liability company: HAXIT UC	
2. (a) 300 S. DIXIE HWY B - LANTANA (b)  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Address of limited liability company:  (Note: MAY BE POS	
10 17 20 17  Date of filing/registration in Florida  L 17 000 Z 15 Z 5 3  Document number	
5. (a) A HO BARBARA  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  300 S. DIME HWY B  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
LANTANA  FL 33462  (b) FRANCA TRAVERSA GRE.CO CONSULTING INC  Enter name of NEW Registered Agent and/or NEW Registered Office address:  9410 TANERINE PLACE # 27  NEW Registered Office Address:	FILED 2020 JUL 27 PHI2: 15
DAVIE 33324	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby conchange or changes are made, the Florida street address of the registered office and the business office agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the was/were authorized by an affirmative vote of the members of the limited liability company or as other the arrives of organization of the operating agreement of the limited liability company.  ADRIANA TOTAN	of the registered hat the change(s)
Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am family the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc to merely reflectly a chapte in the registered office address, I hereby confirm that the limited liability constitute of this change.  Signature of Registered Agent	e to comply with the

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