

L18000035026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

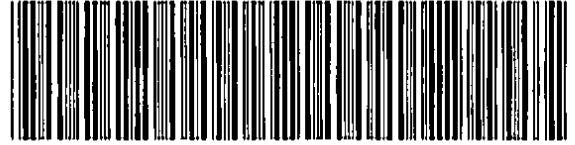
(Document Number)

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New RA must sign

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL -8 PM12:09

RA Change

JUL 16 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

X GROUP, LLC

SUBJECT: _____
Name of Limited Liability Company

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:

Arik Bouskila

Name of Person

X GROUP, LLC

Firm/Company

2980 NE 207 ST, Suite 804

Address

Aventura, FL 33180

City/State and Zip Code

Aventura, FL 33180

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Carpenter

Name of Person

at (305) 466 6577

Area Code & 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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2019

ARIK BOUSKILA
X GROUP, LLC
2980 NE 207 ST., STE 804
AVENTURA, FL 33180

SUBJECT: X GROUP, LLC
Ref. Number: L18000035026

We have received your document for X GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned:

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 119A00011147

**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.

X Group, LLC	
1. Name of the limited liability company: _____	
2. (a) <u>Arik Bouskila</u>	(b) <u>Arik Bouskila</u>
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>2980 NE 207 ST, STE 804</u>	<u>2980 NE 207 ST, STE 804</u>
<u>Aventura, FL 33180</u>	<u>Aventura, FL 33180</u>
<u>03/27/12</u>	<u>L18000035026</u>
3. Date of filing/registration in Florida	4. Document number
<u>Jonathan Carpenter</u>	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>18851 NE 29th AVE.</u>	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
<u>Suite 413</u>	
<u>Aventura</u>	<u>33180</u>
, FL _____	
<u>Jonathan Carpenter</u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
<u>2980 NE 207 ST</u>	
<u>NEW Registered Office Address:</u>	
<u>Suite 804</u>	
<u>Aventura</u>	<u>33180</u>
, FL _____	

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DIVISION OF CORPORATIONS
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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. Or, 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.

[Signature]
Signature of a member or authorized representative of a member

Jonathan Carpenter
Printed or typed name of signee

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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position 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 notified in writing of this change.

[Signature]
Signature of Registered Agent

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