## orlda Department of State Division of Corporations

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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE XILO TPA LLC

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AUG 0 1 2019 M. SOLOMON

## 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

Florida.	Xilo TI	PA LLC		
	ne of the finited habitity company.		01.446.04.01	
2. (a) <sub>-</sub>	7901 4th St N  Principal office address of limited liability compan	<del></del> · /	01 4th St N  Mailing address of limited liability company:	
	( <u>Note: MUST BE STREET ADDRESS</u> )	у.	(Note: MAY BE POST OFFICE BOX)	
	STE 300	ST	STE 300	
	St. Petersburg FL 33702	St.	Petersburg FL 33702	
(	07/16/2018	L180	000170177	
3.	Date of filing/registration in Florida	4.	Document number	
	243 BRANDS LLC			
	Registered Agent and Registered Office shown on the reco 4400 W SPRUCE ST Registered Office Address (MUST BE FLORIDA STR			
	APT 402		1. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	Tampa	<sub>. FL</sub> 33607	2010 JUL 31	
(b)	Registered Agents Inc.			
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office address:		
	7901 4th St N		<u>မ်ာ္</u> ——	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	_, <sub>FL</sub> 33702		
the char agent w was/wer the artic Signate I hereb provisie the obli- to mere	mited liability company is not organized under tage or changes are made, the Florida street addrill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of the organization of the operating agreement of a member or authorized representative of a member of a member as registered agent are of all statutes relative to the proper and configutions of my position as registered agent as proved by reflect a change in the registered office address of the proper and configurations of this change.	ess of the registered ited liability compar bers of the limited I of the limited liabili Riley Pa	f office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Ark  Printed or typed name of signee	

Signature of Registered Agent

Bill Havre

- Assistant Secretary