

L19 000 128 349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

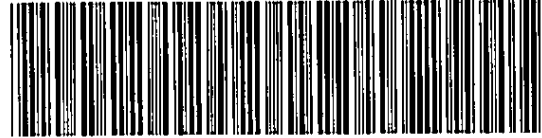
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2XP Ventures, LLC

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L19000128349

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CATHERINE LITTELL

Contact Person

2XP VENTURES, LLC

Firm/Company

4670 AZALEA DRIVE

Address

NAPLES, FL. 34119

City, State and Zip Code

CAT.LITTELL@GMAIL.COM

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

For further information concerning this matter, please call:

CATHERINE LITTELL

at ( 773 ) 343 - 6039

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**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

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2XP Ventures, LLC  
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:

Catherine Littell  
Name of Person

2XP Ventures, LLC  
Firm/Company

4670 Azalea Dr.  
Address

Naples, FL 34119  
City/State and Zip Code

CAT.LITTELL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Littell at (773) 343-6039  
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

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RECEIVED

**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: 2XP Ventures, LLC

2. (a) 4670 Azalea Dr. (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Naples, FL 34119 \_\_\_\_\_  
\_\_\_\_\_

3. 04-22-2019 4. L19000128349  
Date of filing/registration in Florida Document number

5. (a) Catherine Littell  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8059 Tauren Court  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Naples FL 34119

(b) Catherine Littell  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4670 Azalea Drive  
NEW Registered Office Address:

Naples FL 34119

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.

Catherine Littell  
Signature of a member or authorized representative of a member

Catherine Littell  
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.*

Catherine Littell  
Signature of Registered Agent

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