

L19 000148046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XIOM CLEANING SOLUTIONS 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:

MARJORIE ESCORCIA

Name of Person

Xiom Cleaning Solutions LLC

Firm/Company

438 BOXWOOD CIRCLE

Address

WINTER SPRINGS FL 32708

City/State and Zip Code

mescorcja63@gmail.com

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

For further information concerning this matter, please call:

MARJOIRE ESCORCIA

407

619-3481

at (_____) _____

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

**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: Xiom Cleaning Solutions LLC
2. (a) 603 Alton Rd (b) PO Box 195672
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Winter Springs, FL 32708 Winter Springs, FL 32719
3. 09/22/2021 4. L19000148046
Date of filing/registration in Florida Document number
5. (a) Jason Munoz
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Jason Munoz
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
603 Alton Road
Winter Springs, FL 32708
- (b) MARJORIE ESCORCIA
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
MARJORIE ESCORCIA
NEW Registered Office Address:
438 BOXWOOD CIRCLE
Winter Springs, FL 32708

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.

Marjorie Escorcía
Signature of member or authorized representative of a member

Marjorie Escorcía
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.

Marjorie Escorcía
Signature of Registered Agent