Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000007961 3)))



H240000079613ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*

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Fmai	1	Address:	



## LLC REGISTERED AGENT CHANGE **XPEDITION ENTERPRISES, LLC**

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## H24000007961 3

## **COVER LETTER**

Y Division of Corporations		·
XPEDITION ENTERPRISES, LLC SUBJECT:		
	e of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to	the following:
Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		<del></del>
Corporate Center One, 5301 Southwest Pkwy. Ste 4	00	
Address		
Austin, TX 78735		
City/State and Zip Code		
E-mail address: (to be used for future annu	al report n	otification)
For further information concerning this matter, p	please call:	
Mary Castillo	888 at (	705-7274
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 a	amount:	
☐ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

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## 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.

Name of the limited liability company: XPEDITIC	ON ENTERPRISES, LLC			
a) 668 ROUTE 70 W.	(b) 668 ROUTE	(b) 668 ROUTE 70 W.		
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)  LAKEHURST, NJ 08733	ny: Mai	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)  T, NJ 08733		
7/10/2019	L19000168168			
Date of filing/registration in Florida	4. Do	cument number		
(a) HECK, MARK				
Registered Agent and Registered Office shown on the rec	ords of the Florida Dept. of State:			
155 OFFICE PLAZA DR., STE. A				
Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	, , ,		
TALLAHASSEE	. FL <sup>32301</sup>			
Registered Agent Solutions, Inc.		ب ب		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	sistered Office address:	 ပာ ယ		
2894 Remington Green Ln.		•		
NEW Registered Office Address:				
Ste. A				
Tallahassce	, FL			
e limited liability company is not organized under age or changes are made, the Florida street address it will be identical. Or, in the case of a Florida limitwere authorized by an affirmative vote of the memoriticles of organization or the operating agreement	of the registered office and the ited liability company, it is he abers of the limited liability confirms of the limited liability company.	e business office of the registered reby confirmed that the change(s) ompany or as otherwise provided in ty.		
Mark Heck mature of a member or authorized representative of a member	Mark Heck	Authorized Signer Inted or typed name of signee		
reby accept the appointment as registered agent at	nd agree to act in this capacit	_		

Signature of Registered Agent