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(Business Entity Name)							
(Document Number)							
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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Xfinitymoving 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:
Nataly Himape Name of Person
Xfinitymoving Firm/Company
9380 SW 72nd Strut STEB216 Address
Miami Fl 33173 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Area Code & Daytime Telephone Number

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

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

I. Na	ime of the limited liability company: <u>Xfni+ym</u>	OVI	<u> 19</u>		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b	Ma	SW72nd S ailing address of limited liabil (Note: MAY BE POST OFF	•
	STE B216	_		tc B216	
	Miami F1 33173	_	Mi	ami FI 33	73
	July 12 2019	_		00063212	
3.	Date of filing/registration in Florida	4.	Γ	Document number	
5. (a)	<u>Paymond</u> carrero				
	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET AL	DARCCO			
	(TC Q \ C)	<u> </u>	L		
	016 009			75 S)
		36	0156	2019 AUG SEPTET TALL THE	
(b)					
(1)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	d <u>ress</u> :	,	_ [M
	(120)		0 - 1 /		AH IO: 07
	4380 SW 72nd Strut	StE	6216		 O
	NEW Registered Office Address:			इ.	-
					
	micimi .FL_	<u> </u>	173		
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab the authorized by an affirmative vote of the members of cles of organizationar the operating agreement of the li	ne regis ility co the lim	stered office a impany, it is l ited liability	and the business office of hereby confirmed that the company or as otherwise pany.	of the registered ne change(s) e provided in
				SC D Paclill C	
Signat	ure of a member or authorized representative of a member		J 1	Printed or typed name of signo	ce

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 of Registered Agent