(M)

L19000278802

(Requestor's Name)						
(Address)						
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COVER LETTER

	stration Section sion of Corporations	•					
SUBJECT:	X90125, LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	l Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.				
Please return	all correspondence concerning th	iis matter to the	e following:				
Courtney Pro	efrock						
	Name of Person		 .				
Anderson Bu	siness Advisors						
	Firm/Company						
3225 McLeoc	l Drive, #100						
	Address						
Las Vegas, N	V 89121						
	City/State and Zip Code						
ra@anderson	advisors.com						
E-mail	address: (to be used for future and	nual report noti	fication)				
For further is	nformation concerning this matter	, please call:					
Courtney Pro	efrock	800 at (7064741				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the following	g 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: X90125, LLC					
2. (a)	4822 Lonesome Dove Court	(b) <u></u>	some Dove Court		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Plant City, FL 33565		Plant City,	FL 33565		
						
	11/07/2019		L190002788	802		
3.	Date of filing/registration in Florida	4.	1	Document number		
5. (a)	LISA BEUM					
J. (II)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			. •		
	4822 Lonesome Dove Court	·				
	Plant City FI	33565		: •		
(b)	Anderson Registered Agents, Inc.					
()	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- ;		
	625 E. Twiggs Street, Suite 110,		<u></u>			
	NEW Registered Office Address:					
	Tampa , FI	33602				
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the organization or the operating agreement of the	e registere ability co of the lim	d office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	Courtney Proefrock		rtney Proefro			
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide lely reflect a change in the registered office address, I do no writing of this change.	ree to act performa d for in C hereby co	in this capa ince of my d Chapter 605, infirm that ti	city. I further agree to comply with the utles, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent