L2000000 6734

(Requestor's Name)							
(Address)							
(Address)							
	City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							

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C. GOLDEN NOV 1 3 2020

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Intelexigent, LLC		
SOLATI.CT		Limited Lia	ability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Office C	Change and f	ee(s) are submitted for filing.
Please retur	n all correspondence concerning this ma	atter to the fo	ollowing:
Robert Gibs	on		
	Name of Person		_
Intelexigent,	, LLC		
	Firm/Company		
6750 North	Andrews Ave. Suite 2150		
	Address		
Ft. Lauderda	ale, FL 33309		
	City/State and Zip Code		•••
admin@inte	lexigent.com		
E-mai	l address: (to be used for future annual r	eport notific	cation)
For further	information concerning this matter, plea	ise call:	
Robert Gibs	on a	561 t (868-2100
	Name of Person	· (Area Code & Daytime Telephone Number
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following amo	ount:	
- 9	\$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/1	4)		

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	me of the limited liability company:	xigent, LLC							
2.	(a)	6750 North Andrews Ave., Suite 2150			(b) 6750 North Andrews Ave., Suite 2150					
2. (u)		Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		Ft. Lauderdale, FL 33309		_	Ft.	Lauderdale, FL 33309				
		Filed 12/30/2019 - Effective 01/01/2020			L20	000006734				
 3. 5. 	(a)	Date of filing/registration in Florid Robert Gibson	la	4.		Document nur	mber			
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1451 W. Cypress Creek Rd., Suite 339								
		Registered Office Address (MUST BE FLORID)								
		Ft. Lauderdale	FL_	33309						
	(b)	Robert Gibson								
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					က			
		6750 North Andrews Ave., Suite 2150								
		NEW Registered Office Address:								
		Ft. Lauderdale	, FL_	33309						
age was the	nge nt w s/we arti	mited liability company is not organized un or changes are made, the Florida street add will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the ecles of organization or the operating agreem	ress of the real limited liab members of the li	egister oility co the lin mited	ed of ompa nited liabil	ffice and the business only, it is hereby confinition little to the little and the little and the little and the little and little a	office of the registered med that the change(s) as otherwise provided in			
I h pro the to n not	erel visio obli nere ified	tire of a member or authorized representative of a member of a pointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent of the proper in the registered office a lin writing of this change.	nt and agree	e to act erform for in (ereby c	in th ance Chap onfir	Printed or typed his capacity. I further of my duties, and I an over 605, F.S. Or, if th om that the limited liab	agree to comply with the			