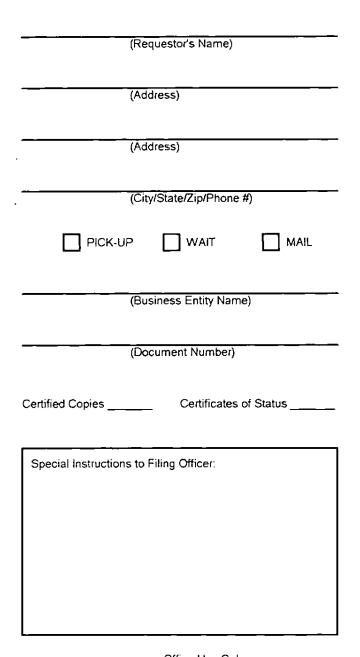
## L20 000174351



Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
•	_
Next X, LLC SUBJECT:	
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 i	matter to the following:
Phillip L. Martin	
Name of Person	<del></del>
Next X. LLC	
Firm/Company	<del></del>
536 Rookery Pl	
Address	
Jupiter Florida 33458	
City/State and Zip Code	<del></del>
pm19602@aol.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	lease call:
Phillip Martin	561 262-5400 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 a	mount:
■ \$25 Filing Fec	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

	me of the limited liability company:  536 Rookery Pl		/L)	536 Roo	ookery Pl	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Jupiter			Jupiter		
	Florida 33458			Florida 3	33458	
	June 23 2020		i	.2000017	4351p	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida  June 23, 2020	4.			Document number	
J. (a)	Registered Agent and Registered Office shown on the records of t Phil Martin	the Flo	rida l	Dept, of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET) 536 Rookery Pl	(DDR)	ESS)	-,-	DIVISION ( 2021 MAY	
	Jupiter, FL	3345	3		T 974-71-71-71-71-71-71-71-71-71-71-71-71-71-	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Phillip L. Martin	Office	add	ress:	PH 12:07	
	NEW Registered Office Address:				<del></del>	
	536 Rookery Pl					
	Jupiter, FL	3345	8			
change agent was/we the art	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the member of a member or authorized representative of a member	registability of the limite	tered cor limi ed lia Ma	l office a npany, it ted liabil ability co tria T	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  Martin  Printed or typed name of signee	
provisi the obt 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 provided elv reflect a change in the registered office address. It din writing of this change.	ee to perfor d for i hereby	act i rma in Ci v coi	in this ca nce of m hapter 60 nfirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	

Signature of Registered Agent