## KZO 000 320859

(7)				
(Requestor's Name)				
(Ad	ldress)			
<del></del>				
(Address)				
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP		MAIL		
<del></del>	<del>_</del>	<del>_</del>		
(Business Entity Name)				
(Document Number)				
,	,			
Certified Copies	_ Certificates	of Status		
0 : 11 : 15 : 57 : 57				
Special Instructions to Filing Officer:				

Office Use Only



500354384445

11/02/20--01013--008 \*\*25.00

S TALLENT DEC 11 2020 7771110" -2 Pli 6: 18

Mut

## **COVER LETTER**

TO: Registration Section Division of Corporations	·	
XLO Global, LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Robert Lauber		
Name of Person		
XLO Global, LLC		
Firm/Company	<del></del>	
1552 Hickory Ln		
Address		
Winnetka, IL 60093		
City/State and Zip Code		
roblauber@gmail.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, pleas	se call;	
Robert Lauber	847 282-2539	
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 amo	ount:	
■ \$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.

1. N	ame of the limited liability company:	.C	
2. (a)	6408 13th Avenue West, Bradenton, FL 34209	(b) 1552 Hickory Ln, Winnetka, IL 60093	
~. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	October 10, 2020	<del></del>	00320859
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Robert Lauber		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 6408 13th Avenue West	<u>「ADDRESS)</u>	
	6408 13th Avenue West		
	Bradenton , F	L	
	William Shuman		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	nd Office address:	
	Effect fiame of NEW Registered Agent and/of NEW Registered	u Office address.	2271 NOV
			6
	NEW Registered Office Address:		 ∼
	600 Manatee Avenue #204		PI1
		-	<u> </u>
	Holmes Beach	34217	- 8
change agent was/w the art Signa I here provis the obto mer	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ature of a member or authorized representative of a member above accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered office address, I	te registered off liability compar of the limited l e limited liabili Robert La	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Printed or typed name of signee
W	d in writing of this change.  LIAM SHUMAM  are of Registered Agent		