

K21 000304981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2022 JAN 27 PM 2:31
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STATE OF FLORIDA

Y SULKER

FEB 09 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2022

STIMSON LAW, PLLC
3615 SOUTH COOLIDGE AVE
TAMPA, FL 33629

SUBJECT: XOPOS, LLC
Ref. Number: L21000304981

We have received your document for XOPOS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to complete section a and b if you are changing the Registered Agent.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 822A00001565

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XOPOS, 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:

Tony Stimson

Name of Person

Stimson Law, P.L.L.C.

Firm/Company

3615 South Coolidge Ave

Address

Tampa, FL 33629

City/State and Zip Code

ianoliverwx@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Stimson

860

933-4145

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 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.

1. Name of the limited liability company: XOPOS, LLC

2. (a) 301 W. Platt Street, #209, Tampa, FL 33606
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 301 W. Platt Street, #209, Tampa, FL 33606
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 07/02/2021 Date of filing/registration in Florida
4. L21000304981 Document number

5. (a) Ian Oliver
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

~~301 W. Platt Street, #209,~~
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa, FL 33609
303 S. Armenia Ave #3
Tampa, FL 33609

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

301 W. Platt Street, #209
NEW Registered Office Address:
Tampa, FL 33606

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Ian Oliver
Signature of a member or authorized representative of a member Printed or typed name of signee

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]
Signature of Registered Agent

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

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TAMPA, FL