

L21000419879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

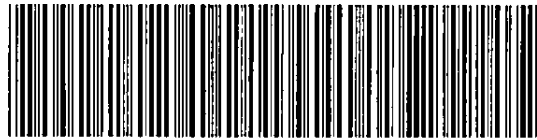
(Business Entity Name)

(Document Number)

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FILED  
SEP 11 2024  
TALLAHASSEE, FL

CLERK

8/26/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NB GROUP LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL ASCANIO  
Name of Person

NB GROUP LLC  
Firm Company

230 SW 192ND TER  
Address

PEMBROKE PINES, FL 33029  
City State and Zip Code

ASCANIO\_MIGUEL@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUBERT RODRIGUEZ at 786 3428446  
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: XB GROUP LLC
2. (a) 230 SW 192ND TER, PEMBROKE PINES, FL 33029  
Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)
- (b) 230 SW 192ND TER, PEMBROKE PINES, FL 33029  
Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)
3. 09/23/2021 Date of filing registration in Florida
4. 121000419879 Document number
5. (a) TEEMPRESA EN FLORIDA COM INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
14629 SW 104TH ST  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
- MIAMI FL 33186
- (b) FRAMITES DESDE TU CASA LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address
- 8885 SW 27TH ST  
NEW Registered Office Address
- MIAMI FL 33165

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.

MIGUEL ASCANIO 09/23/2021 12:14:10  
Signature of a member or authorized representative of a member Printed or typed name of signer

*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 by written notice of this change.*

HUGERT RODRIGUEZ  
Signature of Registered Agent

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