L21000419879

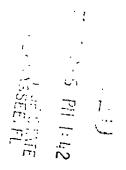
(Rec	questor's Name))			
(Add	iress)	<u> </u>			
(Add	iress)				
(City	//State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Doc	cument Number)			
Certified Copies Certificates of Status					
Special Instructions to F	Filing Officer:				

Office Use Only



200436091462

09/09/24--01017--006 ++25.00



5/06/24

COVERLETTER

TO: Registration Section Division of Corporations	
XB GROUP LLC	
SUBJECT: Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent Registered Office C	Thange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
MIGULLI ASCANIO	
Name of Person	
XB GROUP LLC	
Firm Company	
280 8W 192ND IER	
Address	-
PEMBROKE PINES, 14, 33029	
City State and Zip Code	
ASCANIO_MIGUEL@ YAROO COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea-	ise call:
HUBERT RODRIGUEZ	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	ouat:
■ \$25 Filing Fee	☐ 855 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.

ime of the limited liability company: XB GROUP LLC 230 SW 192ND TER, PEMBROKE PINES, IT, 33029		(b) 230 SW 192ND TER, PEMBROKE PINES, FL 33029			1, 3,4029		
Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	oal office address of limited liability company.			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
09/23/2021	 						
	4.		Document num	iber			
			-				
Registered Agent and Registered Office shown on the records of 14629 SW 104TH ST	the Horida I	Jept of State	·				
Registered Office Address (MUST BE FLORID STREET)	ADDRESS)		-				
MIAMI FL	33186		-				
FRAMITES DESDIETU CASA LLC			•	-			
Linter name of NEW Registered Agent and or NEW Registered	Office add	ress			٠.;		
8885 SW 27 FH S I			_	17.25	5	, .	
NYW Registered Office Address					<u>₹</u>	أسيدا	
			-	<u> </u>	<u>;</u> 2		
imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the S registered ability con of the limit limited lis	itate of Flo Loffice and apany, it is ed liability ability com	d the business of thereby confirm y company or as apany.	Mice of the ned that the	registe chang	ered (ers)	
GLELASC / CO (407.12, 2074.10.14 ER*)	MIG	ELL ASC		una d'aine			
by accept the appointment as registered agent and agr ins at all stabiles relative to the moner and complete	Derfermen	we of my c	icity. I further o laties and I am	agree to co Tamiliar w	mply w	Luccent	
	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS) Date of filling registration in Florida TUEMPRENAENTI ORIDA COM INC Registered Agent and Registered Office shown on the records of 14629 SW 1047H 84 Registered Office Address (MUST BE FTORID ASTREET) MIAMI FL. BRAMFTES DESDE TU CASA LLC Intername of NEW Registered Agent and or NEW Registered SSS SW 277H 84 NEW Registered Office Address MIAMI FL SEW Registered Office Address of the members of a member of a member of authorized by an affirmative vote of the members of the sex of a member of authorized representative of a member of all statutes relative to the proper and complete by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete by accept the appointment as registered agent as provide accepted of the Address. I	Principal office address of limited liability company. (Nate: MUST BE STREET ADDRESS) Date of filling registration in Florida 4. TUEMPRISAENTI ORIDA COM INC Registered Agent and Registered Office shown on the records of the Florida I 14629 SW 104TH S4 Registered Office Address (MUST BE FLORID I STREET ADDRESS) MIAMI FL Internants of NEW Registered Agent and or NEW Registered Office address S885 SW 27TH S4 NEW Registered Office Address MIAMI FL STW Registered Office Address MIAMI FL STW Registered Office Address MIAMI FL MICH I internants of the Florida street address of the registered of the limited liability company is not organized under the laws of the Se or changes are made, the Florida street address of the registered of the limited liability company is not organized under the laws of the Second Colonial Emission of the case of a Florida limited liability control of the members of the limit cles of organization or the operating agreement of the limited liability of a member of authorized type accept the appointment as registered agent and agree to act is one of all statings relative to the proper and complete performant cannot of my position as registered agent as provided for in Ci-	Principal office address of limited liability company. (Nate: MCST RE STREET ADDRESS) Date of filing registration in Florida 4. TUEMPRENAENTI ORIDA COM INC. Registered Agent and Registered Office shown on the records of the Florida Dept of State 14629 NW 104TH 84 Registered Office Address (MUST BE FLORID I STREET ADDRESS) MIAMI FL 33186 FRAMFIES DESDE TU CANA LLC Intermance of NEW Registered Agent and of NEW Registered Office address SSSS SW 27TH 81 NEW Registered Office Address MIAMI FL 33165 imited liability company is not organized under the laws of the State of Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is recauthorized by an affirmative vote of the members of the limited liability company in the case of a principal and of the proper and complete performance of my position as registered agent and agree to act in this cape one of the proper and complete performance of my guittons of my position as registered agent and provided for in Chapter of the registered office address. Thereby continue that the registered agent as provided for in Chapter of the registered offices address. Thereby continue that	Principal office address of limited liability company. (Note: MOST BESTREET ADDRESS) Date of filing registration in Florida ITEMPRESAENTI ORIDA COM INC Registered Agent and Registered Office shown on the records of the Florida Dept of State 14629 SW 1047H SI Registered Office Address (MEST BE FLORID ISTREET ADDRESS) MIAMI FL AMS6 HRAMFTES DESDETU CASA LLC Internance of NEW Registered Agent and or NEW Registered Office address SSSS SW 277H SI NEW Registered Office Address MIAMI FL AMS6 Punked or typeda typedative to the proper and complete performance of my thaties, or, it mits and from guarants of the registered agent as provided for in Chapter MS, F.S. Or, if this agent of the approach of the member of my thaties. Or, if the desired label of the Minited liability company. MIGUEL L. ANCANIO Punked or typeda t	Principal office address of lamined liability company. (Note: MCST BE STREET (IDBRESS) Date of filling registration in Florida TUEMPRESAENTI ORIDA COM INC Registered Agent and Registered Office shown on the records of the Florida Dept of State [4629 SW 1047II 84] Registered Office Address [MEST BE TTORID INTREET ADBRESS] MIAMI FL 33486 BRAMFIES DESDE TU CASA LLC Internance of NEW Registered Agent and or NEW Registered Office and thres SSSS SW 27 FILS 1 NEW Registered Office Address MIAMI FL 33465 FT 3446 FT AND Registered Office and the business office of the will be identiced. Idability company, it is hereby confirmed that the registered office and the business office of the will be identiced. Idability company or as otherwise cless of organization or the operating agreement of the limited liability company. MIGUEL ANCANIO Finited or typed name of signe by accept the approximation of a nember of another organization or the operating agreement of the limited liability company. MIGUEL ANCANIO Finited or typed name of signe by accept the approximant or registered agent and agree to act in this capacity. I parther agree to all member of a nember of	Principal office address of limited liability company. (Note: MCN BE STREET ADDRESS) Mailing address of limited liability company. (Note: MAY BE POST OFFICE BO (Note: May Be Post Off	

FILING FEE: \$25.00

ISHSIS (2.14)