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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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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. Na	une of the limited liability company: Xsellent	Smoke	s L.L.C.	
2. (a)	7901 4th St N STE 300 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) St. Petersburg, FL 33702	(b)	7901 4th St N STE 300 Mailing address of limited liability (Note: MAY BE POST OFFIC) St. Petersburg, FL 33702	
3. 5. (a)	04/21/23 Date of filing/registration in Florida GONZALEZ-BELL, ANGEL Registered Agent and Registered Office shown on the records of	4.	23000199081 Document number	
	377 CITRUS POINTE DRIVE Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		2023 HAY 18
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	. 33837		Y 18 PM 2:21
	7901 4th St N NEW Registered Office Address: STE 300			
	St. PetersburgFL	33702		
the cha agent w was/we the arti	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the first authorized representative of a member.	the registere ability compa of the limited	d office and the business office of the any, it is hereby confirmed that the confirmed th	he registered hange(s)
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	
provision the oblication mere notified	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I in writing of this change. David Roberts - Assistan	performance d for in Chap hereby confir	of my duties, and I am familiar wit ner 605, F.S. Or, if this document i m that the limited liability company	h and accent

 T_i

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

Signature of Registered Agent