L2400044647B

(Requestor's Name)						
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SECHLIAKY OF STATE

COVER LETTER

Dear Sir or Ma		0.00		
The enclosed R	Registered Agent/Registered (Office Change ar	id fee(s) are submitted for filing.	
Please return al	II correspondence concerning	this matter to th	e following:	
OTAVIO PASC	CARELLI			
	Name of Person		 .	
FXEA TECHNO	OLOGIES, LLC			
	Firm/Company			
3817 GOLDEN	GLOW DR			
	Address			
ORLANDO, FL	. 32828			
	City/State and Zip Cod	e		
OPASCARELL	I@GMAIL.COM			
E-mail ad	ldress: (to be used for future	annual report not	ification)	
For further info	ormation concerning this mat	ter, please call:		
OTAVIO PASC	'ARELLI	407 at (458-3350	
	Name of Person		Area Code & Daytime Telephone Number	
<u>Mailin</u>	ıg Address:		Street Address:	
	ration Section		Registration Section	
	on of Corporations		Division of Corporations	207
	lox 6327		The Centre of Tallahassee	24.
Lallah	assee. FL 32314		2415 N. Monroe Street, Suite 810273	
			Tallahassee, FL 32303	2024 MOV - 1 PI
Enclos	ed is a check for the follow	ing amount:	SSEF, S	PM 2: 0
■ \$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.	Na	ame of the limited liability company: FXEA TECHNOL	OGIE	S, L	LLC	
2	(a)			(h))	
٠.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(17)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		3817 GOLDENGLOW DR.			3817 GOLDENGLOW DR.	
		ORLANDO, FL 32828	_		ORLANDO, FL 32828	
		OCTOBER 21, 2024		[.	L24000446473	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of the ALESSANDRA T FIUZA	he Flor	ida I	Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3817 GOLDENGLOW DR.						
		ORLANDO FL	32828			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered OTAVIO PASCARELLI NEW Registered Office Address:	Office	add	iress:	
					<u> </u>	
chage wathe	ange ent v s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cless of organization or the pperating agreement of the law of a member or authorized appropriative of a member or accept the appointmental registered agent and agree	registe bility Tthe li imited O	ered con imit d lia TA'	d office and the business office of the registered mpany. it is hereby confirmed that the change(s) ited liability company or as otherwise previded in iability company. AVIO PASCARELLI Printed or typed name of Signee in this capacity. I further agree to comply with the	
pro the to	ovisi v obl mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I he kill writing of this change,	erfori for in	mar ı C7	ince of my duties, and I am familiar-with and accept Thanter 605, F.S. Or, if this document is being filed	
Sig	gnatu	re of Registered Agent			O7	
		Division of Corporations P.O. B				