M15000009152

(Requestor's Name)							
(Address)							
(Address)							
. (Cit	ty/State/Zip/Phone	#)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



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SECRETARY OF STATE AND ANASSET FLORIDA



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 17, 2016

Order#: 250195-020

Re: XCIRA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

FILLU

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SECRETARY OF STATE
AND ANIASSEE, TLORIDA

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	me of the limited liability company:	XCIRA, LLC		· · · · · · · · · · · · · · · · · · ·	
2	(a)	410 S. Ware Boulevard, Suite 900		_ (b)	1	
<i>L</i> .	(a)	Principal office address of limited lia (Note: MUST BE STREET A		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Tampa, FL 33619		-		
		11/13/2015			M1500000	09152
3.		Date of filing/registration in	n Florida	4.		Document number
5.	(a)	Nancy J. Rabenold				
ν,	(4)	Registered Agent and Registered Office show	wn on the records of th	e Florida	Dept. of State	•
		410 S. Ware Boulevard, Suite 900				10 6
		Registered Office Address (MUST BE FLORIDA STREET AL			DRESS)	
		Tampa	, FL_	33619		SSEE. I
	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and	or <u>NEW Registered (</u>	Office add	ress:	FILED W 4: 02 AUG 19 PM 4: 02 ALLANASSEE, FLORIDA
		1201 Hays Street				
		NEW Registered Office Address:				
						
		Tallahassee	, FL_	32301		
th ag w	e cha ent v as/we	nge or changes are made, the Florida will be identical. Or, in the case of a	street address of t Florida limited lial of the members of	he regis bility co the limi	tered office mpany, it is ited liability	orida, it is hereby confirmed that after and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
_		Karl Werner		Karl	Werner, Ma	
	-	ture of a member or authorized representative				Printed or typed name of signee
pr th to	ovisi e obl merc	by accept the appointment as register ons of all statutes relative to the projections of my position as registered ly reflect a change in the registered in writing of this change.	red agent and agre per and complete p agent as provided office address, I h	e to act performa for in C ereby co	in this capa ince of my d hapter 605 infirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
<u>-</u>	enatu	re of Registered Agent Corporation Ser	vice Company	BY: S	vlvia Ouer	onet. Asst. Vice President

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