

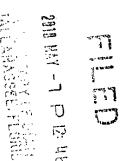
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COVER LETTER

TO: Registration Section Division of Corporations				
XLT Realty, LLC				
	of Limited Li	ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the	following:		
Jeff Landers				
Name of Person				
Firm/Company		_		
2900 Delk Rd, St700, PMB312				
Address			7918	ᇑᅰᄼᆙᄼᆘᇎ
Marietta, Ga 30067			MILARAST	Anten Anten 1
City/State and Zip Code				
mgillc13@gmail.com			0	, man
E-mail address: (to be used for future annua	il report notifi	ication)	क्षा होत्य देखे क्षा हो के	
For further information concerning this matter, p	lease call:		_p ; o	
Jeff Landers	404 at (992-5073		
Name of Person		Area Code & Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		
Enclosed is a check for the following a	mount:			
■ \$25 Filing Fee	□ \$55 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.

. Na	nme of the limited liability company:	LLC		
. (a)	2900 Delk Rd, Suite 700, PMB312	d, Suite 700, PMB312 (b) 2900 Delk Road, Suite 700, PMB312 Mailing address of limited liability company:		
·· (4) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	Marietta, Ga 30067	Marie	tta, Ga 30067	
	April 26, 2016	— — — М1600	0003457	
	Date of filing/registration in Florida	4.	Document number	
. (a)	Registered Agents Inc.			
. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of S	State:	
	3030 N Rocky Point Dr., Ste150A			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
			型. 蟾	
	Tampa, F	L_33607		
(b)	John Mahorner			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	To the state of th	
	10016 S. Tropical Trail			
	NEW Registered Office Address:		ूर्ड क	
	Merritt Island	. 32952	_	
he cha gent v vas/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the members of the members with the case of organization or the operating agreement of the members	of the registered of liability company, of the limited liab	fice and the business office of the registere it is hereby confirmed that the change(s) wility company or as otherwise provided in company.	
Signa	turof a member or authorized representative of a member		Printed or typed name of signee	
rovisi he obl o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in this of e performance of i ed for in Chapter I hereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and acceptions. Or, if this document is being file hat the limited liability company has been	
Signatu	ire of Registered Agent	•		