## Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	

## LLC REGISTERED AGENT CHANGE XACT ACQUISITION, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L Na	une of the limited liability company: XAC1 Acquisition (	LLC			
2. (a)		(b) 7901 4th St N S1E 300			
,	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		St. Peters	burg, FL 33702		
	03/19/2018	M18000002	e698		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	RIGA, RICHARD				
11. (41)	Registered Agent and Registered Office shown on the records of t		te.		
	255 PRIMERA BLVD. STE 160B		2021 S.C.		
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	2024 HAR I I			
	LAKE MARY	32746	HAR I I PH 12:		
(b)	Northwest Registered Agent LLC		PMI2: 02		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	(T 10		
	7901 4th St N				
	NEW Registered Office Address:		_		
	STE 300				
	St. Petersburg	33702	_		
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of teles of organization or the operating agreement of the l	es of the State of Fl the registered offic ability company, it if the limited liabili limited liability con	lorida, it is hereby confirmed that after se and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
1/2/	wi smith	Nat Smith	Printed or typed name of signee		
I here provisi the obl to mere	ture of a member of authorized representative of a member by 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 provided by reflect a change in the registered office address. I had in writing of this change.  Laylor Newman Assistant Series of Registered Agent	performance of my I for in Chapter 60 tereby confirm that	pacity. I further agree to comply with the		