# (((H20000441213 3)))

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone Fax Number : (302)645-7400 : (302)645-1280

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

Email Address: derek@XStrats.com

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN X STRATEGIES LLC

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## (((H20000441213 3)))

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

State: X Strategies LLC  Enter new principal office address, if applicable:	340 Royal Poinc	ann Way, Ste. 317-164		<u></u> _
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Palm Beach, FL	33480		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	340 Royal Poinc	iana Woy, Ste. 317-164 33480		
2. The Florida document number of this limited b	iability company i	M20000000067		252
3. Jurisdiction of its organization: Delaware				DEC /
4. Date authorized to do business in Florida: 01/02/2020				ထ်
SECTION 11 (5-9 complete only the applicabl		ವಕ್ಕೆ ಕ ಕ		
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.I	ed for the purpose	of transacting business in	Florida a	nd attach a
6. If amending the registered agent and/or regist registered agent and/or the new registered office	ered officer addres address here:	s on our records, enter the	name of	the new
Name of New Registered Agent:		7.161		<u>.                                      </u>
New Registered Office Address: 340 Royal Por	nciana Way, Stc. 3	1-164 Enter Florida Street Ac	idress	<u>_</u>
P	alm Beach		, Florida 33480	
_	Ç	iv	Zip	Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered at the provisions of all statutes relative to the prop and accept the obligations of my position as region document is being filed to merely reflect a changliability company has been notified in writing of	gent and agree to t er and complete p istered agent as pi ge in the registered	erformance of my duites, covided for in Chapter 60.	ina i ani j 5, F.S. Or.	if this
tianuty company has been notified in writing of	~			

### (((H20000441213 3)))

itle/ Capacity	<u>Name</u>	Address	Type of Action
ля 	Derek Utley	499 EVERNIA STREET. APT:#603	□Add
		WEST PALM BEACH, FL 33401	=Renn
MBR	Alexander Bruesewitz	499 EVERNIA STREET, APT:#603	□Add
		WEST PALM BEACH, Ft 33401	\\ \overline{\ov
MBR Derek Utley	Derek Utley	340 Royal Poinciana Way, Stc. 317-164	
		Palm Beach, FL 33480	DE CRem
MBR Alexander Bruesewitz	Alexander Bruesewitz	340 Royal Poinciana Way, Stc. 317-164	<b>≘</b> ∧dd
	Palm Beach, FL 33480	(a) ☐Rem	
	<u> </u>		
9 Attached is	a certificate, if required; no more	than 90 days old, evidencing the	
aforemention	oned amendment(s), duly authenti under the law of which this entity	icated by the official having custody of records in the street of the st	he
	Sign	ature of the authorized representative	

Filing Fee: \$25.00