Division of Corporations





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Account Name	:	REGISTERED AGENTS	INC.
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Xiro T	ech 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 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	nme of the limited liability company: XIRO TE	CH	LLC				
2. (a)	7901 4th St N	(_{b)} 8390 W	/ Flager St			
2 . (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	、		failing address of limit (Note: MAY BE PO			
	STE 300		Ste 102		_		
	St. Petersburg FL 33702	Miami Florida 33144					
	09/07/21		M2100	0011922			
3.	Date of filing/registration in Florida	4.		Document number	r		
5. (a)	DURONIA CORP						
J. (u)	Registered Agent and Registered Office shown on the records of	the Floric	a Dept. of State:	:			
	8390 W FLAGLER ST STE 102						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>S)</u>				
		.3314	4			2022 MAR	
(h)	Registered Agents Inc.				2 2 1 1	HA	2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	romee a	<u>iuress</u> .			6-	PPROV AND FILED
	NEW Registered Office Address:	****				PM 2:)
	STE 300): 06	
	St. Petersburg, FL	3370	2		<u>-</u> , ·	0,	
the cha agent v was/w	imited liability company is not organized under the la- ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg ability o of the lii	istered office ompany, it is nited liability	and the business of hereby confirmed company or as ot	office of I that the	the re chang	egistered ge(s)
R	ilus Tark.	Ri	ley Park				
Signa	ture of a member or authorized representative of a member			Printed or typed nam	e of signer	2	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Bill Havre - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent

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