

6/28/22, 11:16 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

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

Email Address: _____

JUN 29 11 41 AM '22
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 167TH XF, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

2022 JUN 28 AM 11:55

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JUN 29 2022

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 167th XF, LLC

Enter new principal office address, if applicable: 2100 Ross Avenue, Suite 895

Dallas, TX 75201

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 2100 Ross Avenue, Suite 895

Dallas, TX 75201

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: N12200000042

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/29/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

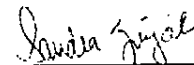
Plantation, Florida 33324

City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

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.

Sandra ZwiJack, Asst. Manager




If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Sole Member</u>	<u>XB Logistics Development Venture I, LLC</u>	<u>2100 Ross Avenue, Suite 895</u>	<input checked="" type="checkbox"/> Add
		<u>Dallas, TX 75201</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>TV ML Investments, LLC</u>	<u>3310 Mary Street #302</u>	<input type="checkbox"/> Add
		<u>Coconut Grove, FL 33133</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

 Jay Soni, Its Authorized Signatory
 Typed or printed name of signee

Filing Fee: \$25.00