P.O.ZO00017019

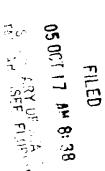
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700060609287

B. G. D. R. G. Barrell



1. 52 th 16.75 OCT 8.2.2 2015

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: X/FW DESIGNS OF PALM PSEACH. (Name of Corporation)
DOCUMENT NUMBER: 70 2000 17019
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
KEN DESIGNS OF PALM BEACH. (Firm/Company)
2406 LANKE LAME (Address)
BALM BEACH GANDENS PL 33410. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 818-2061 Significant Science (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State.
Br O' - All Charlest All The

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Xthw DESIGNS OF PAIM BEACH INC.
1. The name of the corporation: Xthw DESIGNS OF PALM BEACH INC. 2. The principal office address: 2406 LAUREN LAME, PALM BEACH GROS
FLORIDA 33410.
3. The mailing address (if different):
4. Date of incorporation/qualification: OZ - 13 - OZ Document number: POZOOO17019.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
GARY CARL XITEN
2406 LAUREN LANE
GARY CARL XITEN 2406 LAWREN LAME PALM BEACH GARDENS PL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BRYAN NORMAN
2406 LANDEN LANE (P.O. Box NOT acceptable)
PALM BEACH GAMPENS FL 33410 = =
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director) BRYAN SIRMIN PRESIDENT (Frinted or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
ton 10-12-05
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *