

**P13000005475**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

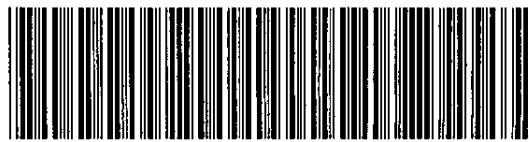
(Business Entity Name)

(Document Number)

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RA address  
change

08/13/15--01016--010    \*\*35.00

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
TALLAHASSEE, FLORIDA

AUG 13 2015  
A RAMSEY

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: XSS, Inc. agent change of address

Name of Corporation

DOCUMENT NUMBER: P13000005475

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:

**Lisa Campos**

Name of Contact Person

**XSS, Inc.**

Firm/Company

**11336 Lakeview Drive**

Address

**New Port Richey, FL 34654**

City/State and Zip Code

**lmcampos74@hotmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Lisa Campos**

Name of Contact Person

**727 857-0833**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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 Florida, in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: XSS, Inc.  
2. The principal office address: 11336 Lakeview Drive, New Port Richey, FL 34654

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/16/2013 Document number: P13000005475

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lisa Campos

10737 Kim Lane

Hudson, FL 34669

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): *3-288*

By Lisa Campos

11336 Lakeview Drive

P.O. Box NOT acceptable

New Port Richey, FL 34654

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	Carlos Campos	Printed or typed name and title
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His Answer

Signature of Registered Agent

08/04/2015

—Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314-6327  
CR2E045 (03/12)