

P/3000042267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUL -7 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Change

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2016

CINDY NEW
CXN CORP.
2946 GENOA WAY
DELRAY BEACH, FL 33445

SUBJECT: CXN CORP.
Ref. Number: P13000042267

We have received your document for CXN CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 216A00013307

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CXN Corp.
Name of Corporation

DOCUMENT NUMBER: P13000042267

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:

Cindy New
Name of Contact Person

CXN Corp
Firm/Company

2946 Genoa Way
Address

Delray Beach, FL 33445
City/State and Zip Code

Cnew@rvx-am.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy New at (954) 871-8315
Name of Contact Person 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: CXN Corp.
2. The principal office address: 2946 Glenda Way
Delray Beach, FL 33445
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/13/2013 Document number: P13000042267
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)

Cindy New
5208 Town Center Circle, Suite 550
Boca Raton, FL 33486

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

Cindy New
2946 Glenda Way
Delray Beach, FL 33445

P.O. Box NOT acceptable

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.

Cindy New
Signature of an officer or director

Cindy New, Director
Printed 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.

Cindy New
Signature of Registered Agent

7/1/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA