P13000087678

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C. LEWIS

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations XL Consulting Group, Inc. Name of Corporation P13000087678 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: Kait Doulou Name of Contact Person XL Consulting Group, Inc. Firm/Company 431 East Central Blvd. Suite 206 Orlando, FL 32801 City/State and Zip Code kait@xlcginc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kait Doulou Area Code & Daytime Telephone Number Name of Contact Person

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

statement of cha	nnge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	
1. The name of 0	the corporation: XL Consultion office address: 431 East Consultion	ing Group, Inc. entral Blvd. Suite 206 Orlando, FL 32801	
3. The mailing a	address (if different): Same as	s Principal Address	
4. Date of incorp	poration/qualification: 10/25/2	2013	_
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	Kait C Doulou		
	431 East Central Blvd.		
	Orlando, FL 32801	SECRE ALLAH	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	
·	Kait C Doulou		
	431 East Central Blvd.	Suite 206	
	Orlando, FL 32801	Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
M		Kait C Doulou, CEO	
I hereby accept I further agree performance of agent. Or, if th	to comply with the provisions of my duties, and I am familiar wit	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address, I otified in writing of this change.	
ly	f Xn	5/5/2014	
Stg	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Т	yped or Printed Name	_	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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