P160000 70880

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: XJW ENTERTAINMENT, INC.

Name of Corporation
P16000070880

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:

ANTHONY JULIANO Name of Contact Person XJW ENTERTAINMENT, INC. Firm/Company 5154 OAK HILL LANE APT 1023 Address DELRAY BEACH, FL 33484 City/State and Zip Code

XESFLL@GMAIL.COM

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

For further information concerning this matter, please call:

ANTHONY JULIANO

Name of Contact Person

Name of Contact Person

at (917) 881-1831

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

statement of chan	rovisions of sections 607.0502, 6 ge is submitted for a corporation to change its registered office or	organized under the laws	of the State of FLORIDA
1. The name of th	e corporation: XJW ENTER	RTAINMENT, INC	<u>). </u>
	office address: 5154 OAK H BEACH, FL 33484	IILL LANE APT 1	023
3. The mailing ad	dress (if different):		
4. Date of incorpo	oration/qualification: 08/26/2	016 Document nu	ımber: P16000070880
	street address of the current regis ment of State: (If resigned, enter		office on file with the
_	1240 NE 24TH ST AP	T 3409	
-	WILTON MANORS, F	L 33305	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and	/or registered office
-	5154 OAK HILL LANE DELRAY BEACH, FL P.O.F	<u> </u>	TILL TO THE SECRE ARY UNITALL AHASSEE
as changed with t	dentiear.		ness office offits registered agent.
Such change was authorized by the	authorized by resolution duly a board, or the corporation has be	dopted by its board of dir een notified in writing of	ectors or by an officer so the change.
Signature	of an officer or director		JULIANO, PRESIDENT or typed name and title
I further agree to performance of n	he appointment as registered ag ocomply with the provisions of a ny duties, and I am familiar with document is being filed merely hat the corporation has been not	ill statutes relative to the and accept the obligation	proper and complete n of my position as registered
Signs	nture of Registered Agent		Date
If signing on beh	alf of an entity:		
Typ	ped 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 * * *