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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future

Email Address:___



LLC REGISTERED AGENT CHANGE ZOEII, LLC

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May 16, 2025 07:35 . To =18506176383 Page, 2/2 Fax 18134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:	···-,	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BON)</u>
	7901 4th St N STE 300	7901	4th St N STE 300
	St. Petersburg Ft. 33702	St. Petersburg FL 33702	
	05/10/2016	L15000	067682
3.	Date of filing/registration in Florida	4.	Document number
5. (a	SMITH, TAMAR		
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	f State:
	14311 Biscayne Blvd		
	Registered Office Address (MUST BE FLORIDA STREET	T _e (DDRESS)	
	Suite 3548		
	North Miami . F	33261	26
	Northwest Registered Agent LLC		APPROVIDAD APPROVID
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
			11年 6 旧画像
	7901 4th St N		PR PR
	NEW Registered Office Address:		12: (2: (3)
	STE 300		W
	St. Petersburg, F	33702 L	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members ticles of organization or the operating agreement of the area of the control of the c	aws of the State of of the registered of liability company of the limited lia	office and the business office of the registered this hereby confirmed that the change(s) ability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	oby accept the appointment as registered agent and usions of all statutes relative to the proper and completed ligations of my position as registered agent as provided very leading a change in the registered office address. It is writing of this change. Taylor Newman Assistant:	te performance of led for in Chapter I hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Signat	ure of Registered Asient	*	