L22000175558

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• COVER LETTER

TO: Registration Section Division of Corporations								
STEDI 4GW LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.						
Please return all correspondence concerning t	his matter to the	: following:						
Steven Wilson								
Name of Person								
STEDI 4GW LLC								
Firm/Company								
1317 Edgewater Dr #5321								
Address								
Orlando FL 32804								
City/State and Zip Code								
host@stedi4gw.com		 .						
E-mail address: (to be used for future a	nnual report not	ification)						
For further information concerning this matt	er, please call:							
Steven Wilson	269 at (303-0944						
Name of Person	~ (Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the follow	ing amount:							
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.

.)	1317 Edgewater Dr #5321		(b)	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	, ,	1	Mailing address of limited liability c (Note: MAY BE POST OFFICE	
	Orlando FL 32804			Orlando Fl		<u></u> /
		_				
	April 12, 2022		L	.220001755	558	
	Date of filing/registration in Florida	4.	_		Document number	
3)	KHADIJEH HEMMATI, ZENBUSINESS INC.					
•	Registered Agent and Registered Office shown on the records of the	e Flor	ida l	Dept. of State	_ te:	
	336 E. COLLEGE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET AL	DRE	<u>(33)</u>		_	
	SUITE 301					
	TALLAHASSEE , FL ³	2301			- 202	
)	Kendal Terry				23 - 	· ••a ε g
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice	add	ress:	- - -	Productions
	1317 Edgewater Drive				ନ୍ଦ୍ର ଉପ୍ପ ଆଲ	
	NEW Registered Office Address:				STATE E.FL	
	Orlando F1 3:	2804				
ge W	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab	giste Hity	ered con	l office and appropriate in the second of th	d the business office of the reg s hereby confirmed that the ch	istered inge(s)
tic	re authorized by an affirmative vote of the members of a los of organization or the operating agreement of the line.	ine i nite	ımın d lia	ibility com	ipany.	ivided i
	Whith)			Ste	Printed or typed name of signee	
att	re of a member or authorized representative of a member			, ,	Printed or typed name of signee	
eb io lig re	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address, I her in writing of this change.	to a rfor or in reby	ct it mar i Ch con	n this capa ice of my a papter 605, ifirm that t	acity. I further agree to compo duties, and I am familiar with 5, F.S. Or, if this document is t the limited liability company h	y with i and acc peing fi as beer

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00