## 125000323573

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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## **GOVER LETTER**

TO: Registration Section Division of Corporations FILED

2005 AUG 11 PM 1:58

SUBJECT: Employur LLC

Name of Limited Liability Company

SECKETARY OF STALL TALLAHASSEE, FL

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Saulters	
Name of Person	<del>_</del> _
ZenBusiness Inc.	
Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	<del></del>
ra@zenbusiness.com	
E-mail address: (to be used for future annual report not	tification)
For further information concerning this matter, please call:	
Adam Saulters 8-44	493-6249
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

## 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. Na	ime of the limited liability company:				
2. (a)	479 MONTGOMERY PLACE		(b) 479 MONTGOMERY PLACE		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ALTAMONTE SPRINGS, FL 32714		ALT	AMONTE SPRINGS, FL 32714	
	07/14/2025	_	L2500	0323573	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ZEN BUSINESS INC				
(b)	Registered Agent and Registered Office shown on the records of 336 E COLLEGE AVE	the Flor	ida Dept. o	of State:	
	Registered Office Address (MUST BE FLORIDA STREET) STE 301	ADDRE	SS)		
	Tallahassee , FL	32301	<u>.</u>	S 3	
	ZenBusiness Inc.			TALLAH)	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		
	336 E. College Ave. Suite 301			NSSEE, FE	
	NEW Registered Office Address:				
	Tallahassee FI	32301			
hange igent v vas/we he arti	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Jason Paul Filby	vs of the register ability of the limited	ered office company imited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi he obl o mere totif <b>j</b> ed	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete ignitions of my position as registered agent as provided by reflect a change in the registered office address. It is more than a fundamental of this change.	ree to a perfori d for in hereby	ct in this mance of Chapte confirm	s capacity. I further agree to comply with the f my 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	
	re of Registered Agent				