## P01000080936

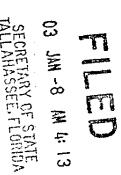
•	
(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
,	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer: Roderick Moe gave Authoriz to Make Concertions 1-15-23	
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Office Use Only



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## TRANSMITTÄL LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: Zapata Enterprises of Lake Worth, Inc								
(Name of corporation)								
DOCUMENT NUMBER: P01000080936								
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:								
Roderick C Moe								
(Name of person)								
Roderick C Moe CPA PA (Name of firm/company)								
101 North J Street, Suite 2(Address)								
Lake Worth, Florida 33460(City/state and zip code)								
For further information concerning this matter, please call:								
Roderick C Moe at (561) 586-3413 (Name of person) (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 409 E. Gaines Street Tallahassee, FL 32399								

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pro	•					utes,
•	•	• •	erēd office or regis	•		State
of Florida.			<del>-</del>	C = 1 +7°		
1. The name of the o	corporation:	Zapata E	nterprises o	t Lake Wor	th, Inc.	
2. The principal offi	ce address:	1821 Donl	in Drive	·	:	
		Wellingto	n,_FL 33414		!	
3. The mailing addr	ess (if different	t):			:	
4. Date of incorpora	ution/qualificati	ion: <u>8/16/</u>	2001 Docum	ent number: P	01000080	936
5. The name and str Florida Departme		the current regist	ered agent and regis	stered office on	file with the	
	Corporat	e Creation	s ·	····		
	941 Four	th_Street	#200		_	
•	Miami Be	each, FL 33	319		ļ	
6. The name and s changed):	treet address o	<del>-</del>	ered agent (if char	aged) and /or re	egistered offic	e (if
	101 North	J Street,	Suite 2			
	Lake Wort	(P.O. Box or personal r ch, FL 3346	nailbox NOT acceptable) 0 =			
The street address of agent, as changed v						
Such change was a authorized by the b	uthorized by reco	esolution duly ac irporation has be	lopted by its board en notified in writi	of directors or ng of the chang	by an officer ge.	so
(Signature of an efficer, ch	irman or vice chairma	in of the board)	Lawtoro Zo	ipata Pru	sident	-
I hereby accept the I further agree to comperformance of my registered agent. (office address, I he	comply with the duties, and I g Or, if this docu	e provisions of a um familiar with ment is being fil	thi and agree to ac ill statutes relative t and accept the obl ed merely to reflec	to the proper at igation of my p t a change in th	nd complete position as ne registe <b>ro</b> d	
If signing on behalf of	an entity: d or Printed Name)	MOF	Agent FEE: \$35.00 * * *	(Date)	RY OF STATE	
		Driidia.	CEPT: 033:00		$>$ $\omega$	