P91000074756

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to 1 ming officer. |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: 3 "Z" Enterprises, Inc. (Name of corporation) |
| DOCUMENT NUMBER: P97000074756 |
| 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: |
| Michael Stephen Zysek (Name of contact person) |
| 3 "Z" Enterprises, Inc. (Firm/Company) |
| 6160 SW HWY 200, #108 (Address) |
| Ocala, FI 34476 (City/state and zip code) |
| For further information concerning this matter, please call: |
| (Name of contact person) at (352) \$54-900 (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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

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

| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida | this | |
|--|---|--|-------------|
| | er to change its registered office or registered agent, or both, in the State of Florida. | | |
| | the corporation: 3 "Z" Enterprises, Inc. | | |
| 2. The principal | office address: 6160 SW HWY 200, #108 | | |
| | Ocala, Fl 34476 | | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | poration/qualification: 8/25/97 Document number: P97000074756 | | |
| | d street address of the current registered agent and registered office on file with the rtment of State: | | |
| | Jeffrey P. Cario | | |
| | 8235 River Country Drive | | |
| | Spring Hill, FI 34607 | | 04.40 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | | % 27 |
| | Jeffrey P. Cario | ਜ਼ ਜ਼ਿ | |
| | 12435 Cortez Boulevard, Suite 201 | NOT 17.15 | <u>က</u> |
| | (P.O. Box NOT acceptable) | 1277 N | |
| | Brooksville, Florida 34613 | | |
| The street address changed will | ess of its registered office and the street address of the business office of its registe be identical. | red agent | , |
| Such change wanthorized by the | as authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change. | so | |
| (Signal) | Michael Stephen Zysek, Director (Printed or typed name and title) | | |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent, ing filed merely to reflect a change in the registered office address, I hereby confirm the seen notified in writing of this change. | erformanc Or, if thi om that the | e s ? |
| (Si | gnature of Redistered Agent) (Date) | | |
| If signing on be | half of an entity: | | |
| (1) | Typed or Printed Name) | | |

* * * FILING FEE: \$35.00 * * *