G53460

(Requestor's Name)	
(Address)	
(Address)	
(nadicess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
.444	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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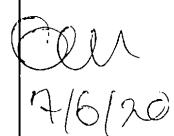


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JUN 8 2020



COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: ZHA Incorporated Name of Corporation	
DOCUMENT NUMBER: G53460	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Andrew L. Brooks	
Name of Contact Person	
ZHA Incorporated	
Firm/Company	
601 North Magnolia Ave, Suite 100	
Address	
Orlando, Florida 32801	
City/State and Zip Code	
wendy.roby@zhaintl.com	
E-mail address: (to be used for future annual	l report notification)
For further information concerning this matter, p	please call:
Andrew L. Brooks	at (407) 739-2302 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amendment Section Division of Corporations	Amenament Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organin order to change its registered office or regist	nized under the laws of the State of Florida	
1. The name of the corporation: ZHA Incorporated		
2. The principal office address: 601 North Magnolia Aver Orlando, Florida 32801	nue, Suite 100	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/05/1983	Document number: G53460	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)		
Thomas H. Justice, III. P.A.		
349 Wymore Road North. Suite 107	349 Wymore Road North. Suite 107	
Maitland, Florida 32751		
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office	
Andrew L. Brooks		
601 North Magnolia Avenue, Suite 100		
P.O. Bo Orlando, Florida 32801	DX NOT acceptable	
The street address of its registered office and the street as changed will be identical.	t address of the business office of its registered agent,	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no		
Joney	Frederick J. Mellin, Jr President/CEO	
Signature of an officer of director I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in to corporation has been notified in writing of this change	tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the	
Arolan Z. Brook Signature of Registered Agent	May 27, 2020	
If signing on behalf of an entity:	Dax	
Typed or Printed Name	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314