L00 0000008572

(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:					

Office Use Only



000337522050

12/82/19--81835--818 **25.88



R. WHITE JAN 11 2020

COVER LETTER _

FO: Registration Section Division of Corporations	^					
ZENEX DEVELOPMENT, LLC SUBJECT:						
	Name of Limited Liability Company					
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:						
STEPHANIE GRAHAM, ESQ.						
Name of Person						
INTEGRATED DERMATOLOGY						
Firm/Company						
4700 EXCHANGE COURT, SUITE 110						
Address						
BOCA RATON, FLORIDA 33431						
City/State and Zip Code						
SGRAHAM@MYDERMGOUP.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, pleas	se call:					
STEPHANIE GRAHAM, ESQ at	561 314-2000, ext. 1030					
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 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	ame of the limited liability company: ZENEX DEVELO	OPMEN	NT. I	LLC
2.	(a)			(b))
	\ - '/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1730 S. FEDERAL HWY., #281			1730 S. FEDERAL HWY., #281
		DELRAY BEACH, FL 33483	_		DELRAY BEACH, FL 33483
		07/20/2000		L	L00000008572
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
•	(=)	Registered Agent and Registered Office shown on the records of ZENEX HOLDINGS, LLC	the Flor	ida I	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRE	.22	
		902 CLINT MOORE RD., SUITE 226	1001.		
					2019 D"
		BOCA RATON , FL	3348	7	
					í
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>		
		Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>addı</u>	dress:
		CORPORATE CREATIONS NETWORK INC			dress:
		NEW Registered Office Address:			 5
		11380 PROSPERITY FARMS ROAD, #221E			
		PALM BEACH GARDENS , FL	334	10	
age wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of the li	ered com	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
				IEFI	FREY QUEEN
		ture of member or authorized representative of a member			Printed or typed name of signee
I h pro the to t not	ierel ovisii obli mere tified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.			
Sic	malu	Jim Perkins,	VICE	7 [169Mettr
	,	\mathcal{U}			

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