

L00 00000 132 12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

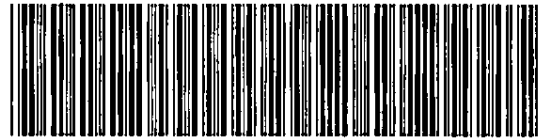
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000389918730

06/27/22--01008--024 **25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 27 PM 2:01

FILED

SEP 20 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

Zev Cohen Professional 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:

Zev Cohen

Name of Person

Zev Cohen Professional LLC

Firm/Company

1239 Ocean Shore Blvd., Unit 12B2

Address

Ormond Beach, FL 32176

City/State and Zip Code

zevandgail@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zev Cohen

386

212-6610

at (_____) _____

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.

Zev Cohen Professional LLC

1. Name of the limited liability company: Zev Cohen Professional LLC
1239 Ocean Shore Blvd. 1239 Ocean Shore Blvd.

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>Unit 12B2</u> <u>Ormond Beach, FL 32176</u> <u>10/27/2000</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>Unit 12B2</u> <u>Ormond Beach, FL 32176</u> <u>1.000000013212</u>
---	---

3. Date of filing/registration in Florida Riggio, Robert J. 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
400 S. Palmetto Ave.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Daytona Beach 32114
FL

John Svajko

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

141 Sage Brush Trail
NEW Registered Office Address:
Suite D
Ormond Beach 32174
FL

FILED
2022 JUN 27 PM 2:01
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Zev Cohen

Printed or typed name of signer

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X Signature of Registered Agent