## L06000004029

(Re	equestor's Name)				
(Address)					
(Ad	ddress)				
(Ci	ty/State/Zip/Phon	e#) .			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO:	FO: Registration Section Division of Corporations					
SUBJ	ECT: _	Zebra	Real (Nam	Estate e of Limited Li	Company)	LLC
Dear S	Sir or Ma	dam:				
The e	nclosed R	legistered Ager	nt/Registered	d Office Change	e and fee(s) are subm	nitted for filing.
Please	e return al	ll corresponden	ice concernii	ng this matter to	the following:	
	Ga	C. Ho	2 <b>54</b> Person)	<u>.</u>		
	Five	C - Store (Firm/Con	Proper mpany)	ties		
	P	O BOX	31133		<del></del>	•
_		FL 3				
For fu	ırther info	ormation conce	rning this m	atter, please cal	l:	
	Gu	C. H.			) <b>848 - 55</b> Code & Daytime Te	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 323		
	Enclose	ed is a check f	or the follow	ving 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 608.416 or 608.508, 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. Name of the limited liability company: 2ebr	a Real Estate, Company, LIC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 127 Edwards Lang Pulm Beach Shores, Fr 33404
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	PO BOK 31133 PBQ, FL 33420
1-11-2006  3. Date of filing/registration in Florida	LOG 00000 4029 \$ 4. Document number
•	2
5. (a) Registered Agent and Registered Office shows Registered Agent:	n on the records of the Florida Dept. of State:
Registered Office Address:	4440 P94 blud #3050 PR9, FL 33410
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	- Buthony Vidiri - 365 orange way
that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in hereby confirmed that the change(s) was/were authori liability company or as otherwise provided in the articlimited liability company.	zed by an affirmative vote of the members of the limited
(Signature of a member or authorized epresentative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my post F.S. Or, if this document is being filed to merely reflect confirmation the limited liability company has been no	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, and I ition as registered agent as provided for in Chapter 608, oct a change in the registered office address, I hereby otified in writing of this change.
(Signatura of Registery & Astrony Vick)	iri
	Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**