10000024124

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Z INVESTMENT GROUP, L	LC	
(Name of L	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
PEDRO A FLORES (Name of Person)		
(Maile of Fellow)		
Z INVESTMENT GROUP, LLC		
(Firm/Company)	*************************************	
•		
10600 SW 146 Street		
(Address)		
A45 E1 -00470		
Miami, FL 33176 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter	on whose calls	
For further information concerning this matter	or, prease can:	
Miguel Boland	at (404) 272-3183	
(Name of Person)	(Area Code & Daytime Telephone Number)	
(**************************************		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	g 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.

ugeni, or boin, in the siu	ie of Pioriuu.				
1. The name of the limit	ed liability company is:	Z INVESTMENT GROUP, LLC	······································		
2. The mailing address of the limited liability company is: 3801 HOL			Y ORLANDO FL 32812		
47-1					
03/07/2006		L06000024124			
3. Date of filing/registration in Florida		4. Document number	4. Document number		
5. The name of the regist Florida Department of	ered agent and the registe State:	red office address as shown or	1 the records of the		
riorida Department or	JOHN A JR. JACKSO	ON			
	-	Name			
	10515 SW 113TH PL				
	A	ddress			
MIAMI FL 33176			76. 20		
City, State and Zip					
6. The name and address of the new registered agent and/or office:		2007 JUN 25 SECRETARY			
JOHN A JR. JACKSON		A			
Name		ame	Fig P M		
10600 SW 146 Street					
Florida street address (P.O. Box NOT acceptable)		PM 12: 45 OF STATE			
Miami, FL 33176 FL		, Jan			
	City, Sta	te and Zip			
If the limited liability cor confirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreeme	mpany is not organized un hange or changes are mad f the registered agent will creby confirmed that the conited liability company of the of the limited liability of	der the laws of the State of Florida street address of be identical. Or, in the case of hange(s) was/were authorized as otherwise provided in the accompany.	orida, it is hereby f the registered office f a Florida limited by an affirmative vote articles of organization		
(Signature of a member or author	ezed febresentative of a member)				
(<i>5 </i> 2	,,, <u></u>				
Miguel D. Boland					
(Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered age is of all statules relative to a decept the obligations of this document is being fill that the limited liability	nt and agree to act in this cap to the proper and complete per of my position as registered ag ed to merely reflect a change i company has been notified in t	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.		
(Signature of Registered Agent)	ches Con				

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