(Re	questor's Name)	
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		MAIL
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11/19/18 DS

COVER LETTER

TO: Registration Section Division of Corporations

ZTS Investments 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:

Susan Riusech

Name of Person

Firm/Company

6725 Islander Lane

Address

Tampa, FL 33615-2589

City/State and Zip Code

MQuincoses@bellsouth.net

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

For further information concerning this matter, please call:

Marta Millero-Quincoses 786	457-7256
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 amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INH\$18 (2/14)

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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: ZTS Investm	nents LLC	
2. (a)	6725 Islander Lane	_(b) 6725 Is	lander Lane
(u)	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)
	Tampa, FL 33615-2589	Tampa,	FL 33615-2589
	6/26/2006	L060000	65369
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Susan Riusech		
). (U)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	7690 SW 90TH AVENUE		Þ
	Miami	33173	φ.
	, t	·L	
(h)			3.
(b)	Enter name of NEW Registered Agent and/or NEW Register		-
	Susan Riusech		
	NEW Registered Office Address:		_
	6725 Islander Lane		_
	Tampa	_{FL} 33615-2589	
the cha agent v was/w the arti	limited liability company is not organized under the l ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Ward Hubble	aws of the State of F of the registered offic liability company, it s of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Apple
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obi	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely-reflect a change in the registered office address, din writing of this change.	gree to act in this cap te performance of my ded for in Chapter 60 I hereby confirm that	bacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	ire of Régistered Agent		

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