

LO7000121082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

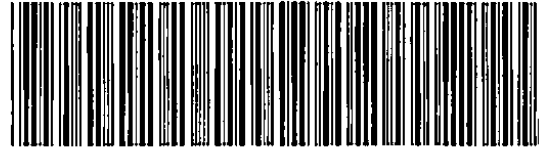
(Business Entity Name)

(Document Number)

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2019 OCT -3 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. SHIRKER

OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zax Properties, LLC

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:

Adam C. Losey

Name of Person

Losey, PLLC

Firm/Company

1420 Edgewater Dr.

Address

Orlando, FL 32804

City/State and Zip Code

alosey@losey.law

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

For further information concerning this matter, please call:

Adam C. Losey

at (407)

9061605

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OR REGISTERED AGENT OR BOTH
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 Florida.

1. Name of the limited liability company: Zax Properties, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

603 6TH ST, NW

WINTER HAVEN, FL 33881

12/05/2007

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

603 6TH ST, NW

WINTER HAVEN, FL 33881

L07000121082

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Steve Trinklein

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

603 6TH ST, NW

WINTER HAVEN, FL 33881

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

Losey, PLLC

NEW Registered Office Address:

1420 Edgewater Dr.

Orlando, FL 32804

2019 OCT -3 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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.

Adam C. Losey

Signature of a member or authorized representative of a member

Adam C. Losey

Printed or typed name of signee

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 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.

Losey PLLC

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00