

(Requestor's Name)		
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(Address)	_	
(Address)		
(CI / C) - (T) - (D) (D)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
a -		
A. LUNT		
APR - 5 2010		

EXAMINER

Office Use Only



600172972886

03/31/10--01005--012 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

IPR - 1 AM II: 50

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Zoller + Frenia Enterprises, Lo Name of Limited Liability Company	<u> </u>		
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:			
Howard Frenia Jr. Name of Person	2		
TAIRENTON FINANCIAL	SECKETAL ALLAHAS		
1700 McMullen Booth Rd # B-3	2010 APR - 1 AM II: 50 SECKETARY OF STATE ALLAHASSEE, FLORID		
Clearwater FL 33759 City/State and Zip Code	50 100		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Howard Frenia Jr at (727) 608 - 1783 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

INHS18 (5/08)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

.. . \$TATEMENT 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.

angering or warring the acceptance of a restriction	
1. Name of the limited liability company: Zolle	•
2. (a) Principal office address of limited liability compar	y: 1700 McMullen Booth Rel # B-3
(Note: MUST BE STREET ADDRESS)	Clearwater, FL 33759
(b) Mailing address of limited liability company:	1700 McMaller Booth Rd #B.3
(Note: MAY BE POST OFFICE BOX)	Clearwater, FL 33759
1-13-2010 3. Date of filing/registration in Florida	<u>L10000004788</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Howard Frenia Jr.
Registered Office Address:	HOO AA 323 TAVERNIES DI.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Noward Frenia Jr.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1700 Mc Mullen Booth Rd #B: Clearwater ,FL 33759
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Howard French To Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I are food, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Chapter 808, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compared to the confirmation of the compared to the confirmation of the con	nerely reflect a change in the registered office ny has been notified in writing of this change.
MICHARIA (LAGA) OLOS > \A	

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

Signature of Registered Agent