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COVER LETTER

Division of Corporations				
SUBJECT: Zenzio, LLC				
	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 ma	atter to the following:			
Matt Nellans				
Name of Person				
Walk Law Firm, PA				
Firm/Company				
102 West-Whiting Street, Suite 502				
Address				
Tampa, FL 33602				
City/State and Zip Code				
mnellans@walklawfirm.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, plea	ase call:			
Matt Nellans	813 999-0199			
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			
INHS18 (2/14)				

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. N	lame of the limited liability company: Zenzio, LLC		
2. (a)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3104 North Armenia Avenue #2	PΟ	Box 6787
	Tampa, FL 33607	Sei	ffner, FL 33583
	September 17, 2010	L10	000097462
3.	Date of filing/registration in Florida,	4.,	Document number
5(a	A		
J. (8	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Daniel A. Grubbs		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	420 Golden Elm Drive		5 S
	Seffner F	33584	FP -2
			4
(b	Enter name of NEW/Registered Agent and/or NEW Registere		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	PH 12: S
	Walk Law Firm, PA		
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	102 West Whiting Street, Suite 502	,	<u> </u>
	Tampa;	L 33602	
the clagent was/the a	limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the registered liability compa of the limited to limited liabil	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. A. Grubbs, Manager
	nature of a member or authorized representative of a member	_	Printed or typed name of signee
I hei prov. the a to me notif	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and complet bligations of my position as registered agent as provid grely reflect a change in the registered office address, a led in writing of this change.		his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ner 605; F.S. Or, if this document is being filed in that the limited liability company has been
Sign	HURLK President Walklaw,	FIRM, PA	