## <u>L1000102024</u>

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**EXAMINER** 



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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: MC	ZFIG, LLC	
Name of Limite	d 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 m	natter to the following:	
Jill Sharff	<del></del>	
Name of Person		
Firm/Company		
11711 Pasetto Lane, Apt. 105		
Address		
Fort Myers, FL 33908		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification	on) .	
For further information concerning this matter, ple	ase call:	
	239 245-8308	
Jill Sharff at (at (	<del>215</del> ) <del>268 674</del> 0	
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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
<b>✓</b> \$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.

1. Nam	e of the limited liability company:	MOZFIG, LLC
2. (a) I	Principal office address of limited liability company	MOZFIG, LLC
	(Note: MUST BE STREET ADDRESS)	11711 Pasetto Lane, Apt. 105 Fort Meyers, FL 33908
(b) !	Mailing address of limited liability company:	MOZFIG, LLC
	(Note: MAY BE POST OFFICE BOX)	11711 Pasetto Lane, Apt. 105 Fort Meyers, FL 33908
	09/29/10	L10000102024
3. Date	of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
}	Registered Agent:	Corporation Service Company
]	Registered Office Address:	1201 Hays Street
		Tallahassee, FL 32301
(b) I	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address
]	NEW Registered Agent:	Jill Sharff
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		11711 Pasetto Lane, Apt 305
•		Fort Myers ,FL33908
confirm	mited liability company is not organized under the led that after the change or changes are made, the Fl business office of the registered agent will be ident company, it is hereby confirmed that the change(s) nembers of the limited liability company or as other the description of the limited liability company or as other description.	orida street address of the registered office
Drintad on	Jill Sharff typed name of signee	_
I hereb comply and I an Chapter address	y accept the appointment as registered agent and a with the provisions of all statutes relative to the pro n familiar with and accept the obligations of my pos 508, F.S. Or, if this document is being filed to men I hereby confirm that the limited liability company of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

**FILING FEE: \$25.00**