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EXAMINER



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COVER LETTER

Division of Corporation	18	
SUBJECT:	ZC Enterp	rises LLC
	Name of Limited Liab	oility Company
Dear Sir or Madam:		
The enclosed Registered Agen	t/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this matter	to the following:
Marie B C	ode, Esq	
Name of P	erson	
Marie B. Coo		
1308 SW 27		
Cape Coral		
marie@marie E-mail address: (to be used for fut	esquire.com ure annual report notification)	
For further information concer	ning this matter, please ca	all:
Marie B Code, E	sqat (23	/
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3236	R E P ircle	AAILING ADDRESS: Registration Section Division of Corporations 2.O. Box 6327 Callahassee, Florida 32314
·	or the following amount:	
\$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.

8961 Conference Dr. Ste 2
Fort Myers, FL 33919
FOIL Myers, FL 33313
8961 Conference Dr. Ste 2
Fort Myers, FL 33919
L10000105035
4. Document number
he records of the Florida Dept. of State:
Code, Marie B Esq
1202 SE 8th Place Ste B
Cape Coral FL 33990
V Registered Office address:
1308 SW 27th Terrace
Cape Coral ,FL33914
aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the complete performance of my duties sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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