## U1 0000 120408

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  .  (Document Number)  • Certified Copies Certificates of Status	(Requestor's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  .  (Document Number)  • Certified Copies Certificates of Status				
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
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(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
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. (Document Number)  • Certified Copies Certificates of Status				
• Certified Copies Certificates of Status	(Business Entity Name)			
• Certified Copies Certificates of Status				
	(Document Number)			
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	Certified Copies Certificates of Status			
Special Instructions to Filing Officer:				
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

T. CLINE
MAY 11 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	Zon Trading Division, LLC  Vame of Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.
Please	e return all correspondence co	ncerning this matter to the following:
	R. Brooks Casey,	Espuire
	Wright & Casey Firm/Company	2011 RAY SECRETA TALLAHAS
	340 N. Cause Address	SECRETARY OF STATE ALLAHASSEE, FLORID, way
	New Smyrna Beach, City/State and Zip Co	FL 32109
Ē	bcasey@wrightando	casey.com nual report notification)
For fi	orther information concerning	this matter, please call:
	R. Brooks Casey, Esq.	at (at (386)428-3311
	Name of Person  STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number  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 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. Name of the limited liability company:	Zon Trading Division, LLC			
2. (a) Principal office address of limited liability company	1 Tropical Lane			
(Note: MUST BE STREET ADDRESS)	Daytona Beach, FL 32118			
(b) Mailing address of limited liability company:	1 Tropical Lane			
(Note: MAY BE POST OFFICE BOX)	Daytona Beach, FL 32118			
11/18/10	L10000120408			
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:				
Registered Agent:	Palmetto Charter Services Inc			
Registered Office Address:	150 Magnolia Ave.			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.				
NEW Registered Agent:	R. Brooks Casey, Esquire			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Wright & Casey, P.A. 340 N. Causeway New Smyrna Beach ,FL32169			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.  Signature of a member or authorized representative of a member  Terence Smith  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 and accept the obligations of my position as registered agent as provided for in Chapten 608, 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.				
Signature of Registered Agent				

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