4/0000123177

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(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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K. SALY SEP - 7 2017



FLORIDA DEPARTMENT OF STATE || Division of Corporations

August 7, 2017

BUTLER ENTERPRISES CYNTHIA CROOM 3217 SW 35TH BLVD. GAINESVILLE, FL 32608

SUBJECT: ZENYATTA, LLC Ref. Number: L10000123177

We have received your document for ZENYATTA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 417A00015990

www.sunbiz.org

•			
,	COVER LI	ETTER	
TO: Registration Section Division of Corporations			
SUBJECT: Zenyatta LLC	ame of Limited Lia	ability Company	
Dear Sir or Madam:		······································	
The enclosed Registered Agent/Registered C	Office Change and f	fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the f	ollowing:	
Cynthia Croom			
Name of Person		_	
Butler Enterprises			
Firm/Company	 		
3217 SW 35th Blvd			
Address		_	
Gainesville Fl 32608	l		
City/State and Zip Code	<u> </u>	_	
corporate@butlerenterprises.com	1		
E-mail address: (to be used for future a	<u>ll</u> nnual report notific ll	cation)	
For further information concerning this matter	 er, please call: 		
Cynthia Croom	352 at (372-3581 X 317	
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	 ng amount: 		
INHS18 (2/14)	\$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 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

rioriaa.	1.					
1. Name of the limited liability compan	Zenyatta LL					
2. (a) Zenyatta LLC		(b) Zenyatta LLC				
Principal office address of limiter (Note: MUST BE STREE		(0) 2	Mailing address	of limited liability company: BE POST OFFICE BOX)		
3217 SW 35th Blvd	II 	(3217 SW 35th Blvd	d		
Gainesville FL 32608			Gainesville FL 326	608		
11/30/2010	1	ا ا	110000123177			
Date of filing/registration	ı in Florida	4.	Document r	number		
Presnick, Cory	lı lı					
Registered Agent and Registered Office :	shown on the records o	of the Florida D	ept. of State:			
Registered Office Address (MUST B. 3217 SW 35th Blvd	E FLORIDA STREET	<u>"ADDRESS)</u>		17 11_1 2017 SEP -7 2017 SEP -7		
Gainesville	. F	32608				
(b) Deborah J. Butler		~ 		70 3		
Enter name of <u>NEW Registered Agent</u> a	and/or <u>NEW Registere</u>	<u>ed Office addre</u>	<u>(88)</u> :	2. 05 2. 05		
NEW Registered Office Address:	- 					
3217 SW 35th Blvd						
Gainesville	, F	L 32608				
f the limited liability company is not org he change or changes are made, the Flor igent will be identical. Or, in the case of vas/were authorized by an affirmative vo- he articles of organization or the operation	ida street address of a Florida limited lote of the members ng agreement of the live of a member	of the registe liability come of the limited liability come of the limited liability l	red office and the bus pany, it is hereby con ed liability company o bility company, orah J. Butler Printed or typ	siness office of the registered firmed that the change(s) or as otherwise provided in sed name of signee		
I hereby accept the appointment as regis provisions of all statutes relative to the phe obligations of my position as register of merely reflect a change in the register actified in writing of this change.	tered agent and ag roper and complet ed agent as provia ed office address,	gree to act in le performan led for in Ch I hereby con,	r this capacity. I furth ce of my duties, and I apter 605, F.S. Or, if firm that the limited li	ner agree to comply with the am familiar with and accept this document is being filea iability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Agent