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(Ad	dress)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
Division of Corporations  SUBJECT: Mama 7 en's LLC  DOCUMENT NUMBER: 111000139288
DOCUMENT NUMBER: L11000139288  The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Reid Shapiro Name of Contact Person
Elephant Group, Inc.
5259 COCONUT Creek PKNY
Margate FL 33063 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reid Shapiro at (954) (057-9600  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Tallaharan FL 22214  Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## \* 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.

Zenis LLC
Margate, FL 33063
5259 COCONH Creek Pkny Margati, FL 33063 L11000139288
4. Document number
the records of the Florida Dept. of State:  Michael Wallace  5259 Coconut Creek Pluy  Margate, FL 33063
W Registered Office address:
Reid Shapin
5259 Coconul Creek Pluny Margate ,FL 33063
laws of the State of Florida, it is hereby clorida street address of the registered of the tical. Or, in the case of a Florida limited was/were authorized by an affirmative tote of the provided in the articles of organization or the case provided in the articles of organization or the case provided in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in early reflect a change in the registered office my has been notified in writing of this change.

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