L16000073499

(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:

Office Use Only

600285286306

05/26/16--01007--003 **25.00

FILED
2016 JUN 28 A 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
JUN 29 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

SHERRY ANDRE
16900 N. BAY ROAD #2310
SUNNY ISLES BEACH, FL 33160

SUBJECT: ZEN LIFE PRODUCTIONS, LLC
Ref. Number: L12000072499

We have received your document for ZEN LIFE PRODUCTIONS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 616A00011592

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Zen Life Productions, LLC
Name of Limited 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 matter to the following:

Sherry Andre
Name of Person

Zen Life Productions, LLC
Firm/Company

16900 N Bay Rd, #2310
Address

Sunny Isles Beach, FL 33160
City/State and Zip Code

sherryandre@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Andre at (786) 417-7242
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 amount:**

❑ $25 Filing Fee ❑ $55 Filing Fee & Certified Copy

INHS18 (2/14)

# 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.*

1. Name of the limited liability company: Zen Life Productions, LLC

2. (a) Principal office address of limited liability company:
*(Note: MUST BE STREET ADDRESS)*
16900 N Bay Rd, #2310
Sunny Isles Beach, FL 33160

(b) Mailing address of limited liability company:
*(Note: MAY BE POST OFFICE BOX)*
16900 N Bay Rd, #2310
Sunny Isles Beach, FL 33160

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:
Sherry Andre
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
16900 N Bay Rd, #2305
Sunny Isles Beach, FL 33160

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
16900 N Bay Rd, #2310
Sunny Isles Beach, FL 33160

FILED
2014 FEB 18 A 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Sherry Andre
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 Chapter 605, 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**

INHS18 (2/14)