

L12 0000 81164

(Requestor's Name)

3060 N.W. 30th Way

(Address)

Boca Raton Fl. 33431

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

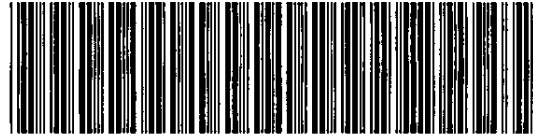
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 17 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2014

CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2014

ZZZOOM, LLC
3066 N.W. 30TH WAY
BOCA RATON, FL 33431

SUBJECT: ZZZOOM, LLC
Ref. Number: L12000081164

We have received your document for ZZZOOM, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 614A00002363

2014 FEB 17 PM 3:13

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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: ZZZOAM, LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

6/19/2012
3. Date of filing/registration in Florida

L12000081164
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: IFO REGISTERED AGENTS LLC

Registered Office Address: _____

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

NEW Registered Agent: _____

NEW Registered Office Address: 18305 DISCAYNE BLVD
(**MUST BE FLORIDA STREET ADDRESS**) SUITE 401

ADVENTURA, FL 33160

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.

X [Signature]
Signature of a member or authorized representative of a member

ABRAHAM J. WIJNPERLE
Printed or typed name of signer

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 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]
Signature of Registered Agent

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

FILING FEE: \$25.00