## L12000090209

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·				
(Ac	ddress)					
(Address)						
(City/State/Zip/Phone #)						
<b>—</b>	<b>—</b>	<b>—</b>				
PICK-UP	☐ WAIT	MAIL				
(Ві	usiness Entity Nar	me)				
(Do	ocument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
1						
		:				





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PRIB P 2: 07)

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**3** MASON

## **COVER LETTER**

TO:

Registration Section

<ul> <li>Division of Corporations</li> </ul>								
Zestigroup LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the fo	llowing:						
Alexander Zhdanov								
Name of Person		-						
Zestigroup LLC								
Firm/Company		-						
P.O.Box 257,135 Weston Road								
Address		_						
Weston,FL 33326								
City/State and Zip Code		_						
infozest7@gmail.com								
E-mail address: (to be used for future annua	al report notific	ation)						
For further information concerning this matter, p	lease call:							
Alexander Zhdanov	954	6834010						
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	Regi Divi P.O.	istration Section sion of Corporations Box 6327 ahassee, Florida 32314						
Enclosed is a check for the following a	mount:							
☑ \$25 Filing Fee	<b>□</b> \$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.

2. (a) _	209 & 229 SE 1 AVE.,BOCA RATON,	(b)	P.O.Box 257,135 Weston Road, Weston,					
z. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	FL 33432	<u>F</u>	FL,33326					
		<del>-</del>		<del></del>	<del></del>	••		
	07/11/2012	<u>L</u>	1200009020	9				
3. 5. (a)	Date of filing/registration in Florida ZHDANOV, ALEXANDER	4.	Docu	iment numb	oer			
). (u)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:					
	Registered Office Address (MUST BE FLORIDA STREE 33 WHITEHEAD CIRCLE,	TADDRESS)						
	WESTON	<sub>FL</sub> 33326						
(b)	ZHDANOV, ALEXANDER				2018			
(6)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	ess:	SHASSE	£PR 18			
	NEW Registered Office Address:		_	<u></u> 0	σ			
	1511 Sorrento Drive			F STATE	Ü	0		
	Weston ,	<sub>FL</sub> 33326		DA.	<b>0</b> 4			
the cha agent w was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the companion of of th	of the registed liability comes of the limited	red office and pany, it is here ed liability con	the busines by confirm pany or as	ss offic ned tha	e of the re t the chang	gistered ge(s)	
		ander Zhdan						
-	ture of a member or authorized representative of a member			ed or typed n				
provision the oblination to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ly reflect a change in the registered office address, I in writing of the change.	agree to act in ele performan ded for in Ch I hereby con	n this capacity. ice of my duties apter 605, F.S. firm that the li	I further a s, and I am Or, if this mited liabi	agree t familia docur lity cor	o comply v ar with and nent is bein npany has	vith the d accept ng filed been	

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

Signature of Registered