

L120000 90209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

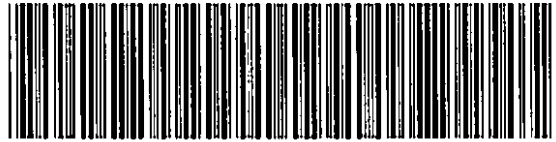
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

D BRUCE
AUG 25 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2018

ALEXANDER ZHDANOV
1511 SORRENTO DR.
WESTON, FL 33326

SUBJECT: ZESTIGROUP LLC
Ref. Number: L12000090209

We have received your document for ZESTIGROUP 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), 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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 818A00015522

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 20 PM 2:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zestigroup 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:

Alexander Zhdanov

Name of Person

Zestigroup LLC

Firm/Company

1511 Sorrento Dr.

Address

Weston, F.L., 33326

City/State and Zip Code

infozest7@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Zhdanov

at (954)

683-4010

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

2018 AUG 20 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 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: Zestigroup LLC

2. (a) 1221 Sorrento Dr. (b) POBox 257

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Weston, F.L., 33326

135 Weston Dr.

Weston, F.L., 33326

07.11.2012.

L 12000090209

3. Date of filing/registration in Florida

4. Document number

5. (a) Alexander Zhdanov

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1511 Sorrento Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Weston, F.L., FL 33326

(b) Alexander Zhdanov

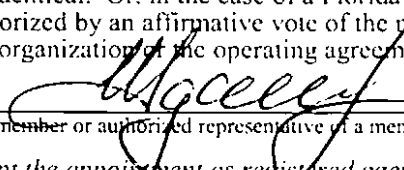
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1221 Sorrento Dr.

NEW Registered Office Address:

Weston, F.L., FL 33326

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

Alexander Zhdanov

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

FILED
2018 AUG 20 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA