

5/1/2018

Division of Coliborations Strington with the

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-638300

·1. :

From:

: REGISTERED AGENTS INC. Account Name

Account Number : 120090000081

Phone

: (307)200-2803년

Fax Number

: (855)330-1010

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LLC REGISTERED AGENT CHANGE **AZCS LLC**

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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. N	lame of the limited liability company: A	ZCS LLC	} 		
2. (a)	21265 CVDDECC HAMMOOY DD		¹Р) С\С	CHARLES SPO	ONER
(.,	Principal office address of limited liability (Note: MUST BE STREET ADDR		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) 910 WEST END AVENUE #9F		
	BOCA RATON, FL 33428				
			NEV	V YORK, NY 10025	
	07/31/2012		L120	000098542	
3.	Date of filing/registration in Flo	rida	4.	Document number	ne dan _{Tradiss} anggayay _{da} ngamana manda bada di mi tti ^t in an ara 9 dilada 197 f 19
5. (a	Nortwest Registered Agent, LLC				
	Registered Agent and Registered Office shown or	the records of the	Florida Dépt. i	of State	<u> </u>
	3030 N. Rocky Point Drive				弄
	Registered Office Address (MUST BE FLOR	IDA STREET AD	DRESS)		385 T
	STE 150A				SSET
	Tampa	FL 33607			Contract of the Contract of th
(b)	Northwest Registered Agent and/or No. Rocky Point D	EW Registered O			
	NEW Registered Office Address.		· ····································		
	STE 150A				
				A - A-10 ⁻¹ - The parties of the second sec	
	Tampa	, FL 3	3607 N		
the chagent was/withe ar	dimited liability company is not organized tange or changes are made, the Florida stre will be identical. Or, in the case of a Florivere authorized by an affirmative vote of the ticles of organization or the operating agreature of a member or authorized representative of a leby accept the appointment as registered actions of all statutes relative to the proper obligations of my position as registered agree the reflect a change in the registered office of in writing atthy change.	net address of the diable members of the linement of the linember are and agree and complete pent as provided for address. I he	ne registered illity compan the limited limite	office and the business or y, it is hereby confirmed ability company or as oth y company. Noble Printed or typed name	office of the registered that the change(s) herwise provided in of signee
	ture of Registered Agent	- Assistant S	Secretary		

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