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COVER LETTER

TO: **Registration Section**

Division of Corporations

Name of Limited Liability Company SUBJECT:

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:

MARCIA LARA Name of Person Vietucil ZONE LLC Firm/Company

350 NW 102 PL Address

DP.41 FC 33172-City/State and Zip Code

DFFICE DVir Luce zone VEA. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 $\frac{MHR}{10} \frac{248.4}{\text{Nume of Person}} = at (\frac{78(c)}{210} \frac{210}{135} \frac{9135}{\text{Area Code & Daytime Telephone Number}}$

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:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGIST D 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.

etual ZONE Name of the limited liability company: 1. 2. (a) ____ (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 311 2014 23. Date of filing/registration in Florida 3. Document number 5. (a) $\frac{\int E Y \& E}{Registered Agent and Registered Office shown on the records of the Florida Dept. of State:$ 2350 NW 102 PL Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3172 DEA LARA (b)Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: 2.350 NW 102 ÷ NEW Registered Office Address Ś ш П NV A If the limited liability company is not organized under the laws of the State of Fiorida, 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. <u>Signature of a member or authorized representative of a member</u> Printed or typed name of signce 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 affect a change in the registered office address. I hereby confirm that the limited liability company has been

1-4-h Signature of Registered Agent

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

notified in writing of this change.