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(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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I'M FRARRIE

COVER LETTER

TO: Registration Section Division of Corporations							
Zetrouer Law, P.L. SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:						
Shannon Zetrouer							
Name of Person							
Zetrouer Law, P.L.	ALIAHASSET. FLORID						
Firm/Company							
1211 1st Ave N., Suite 201	AH II: 92						
Address							
St. Petersburg, FL 33705							
City/State and Zip Code							
szetrouer@wwz-law.com							
E-mail address: (to be used for future annual i	report notification)						
For further information concerning this matter, plea	ase call:						
Shannon Zetrouer	727-329-8956						
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 amo	ount:						
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy						
INHS18 (2/14)							

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August 11, 2017

SHANNON ZETROUER 1211 1ST AVE N, SUITE 201 ST PETERSBURG, FL 33705

SUBJECT: ZETROUER LAW, P.L. Ref. Number: L12000124151

We have received your document for ZETROUER LAW, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

2017 AUG 25 PH 1: 21

Letter Number: 417A00016441

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.	Na	ame of the limited liability company: Zetrouer Law,	P.L.						
2	(a)	1211 1st Ave N, Suite 201	(L) 1211 1st Ave N, Suite 201						
<u>د</u> .	(4)	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)					
		St. Petersburg, FL 33705	_		St. Pet	ersburg, FL 33705			
									
		9/27/2012	-	_	_120001				
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)	Shannon Zetrouer				_			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		146 2nd Street N, Suite 100							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRI	:5:5)			\(\sigma\)	22	
		St. Petersburg, FL	3370	1		_		2017 AUG	
	(b)	Shannon Zetrouer					シギ 第二	25	
		Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	_	-1.	3	3.5
		1211 1st Ave N, Suite 201					- <u></u>	1: 24	
		NEW Registered Office Address:				_	TS-	•	
		St. Petersburg	3370	5		_			
the ag wa	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility I the l limite	gist cor imi d li:	ered office npany, it ted liabil	ce and the business of is hereby confirmed the ity company or as othe ompany.	fice of that the	the reg change	istered (s)
_	Signat	ture of a member of authorized representative of a member	_		11011 2.6	Printed or typed name of	of signed		
I i pro the to	herel ovisi obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ee to o perfoi l for it ereby	nct ma n C. ' coi	in this ca nce of m hapter 60 nfirm tha	pacity. I further agree	e to con	aply wi th and is being y has b	th the accept 3 filed cen
Si	gnatu	re of Registered Agent							
		Division of Corporations P.O. B FILING FE				issee, FL 32314			