

# L12000129468

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PILED 1013 Nay 22 PN 12: 30 Secretary of St<u>ate</u>

### COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZANGEM LOGISTICS, 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:

## YOLANDA SAENZ-GOMEZ

Name of Person

ZANGEM LOGISTICS, LLC

Firm/Company

90 SW 3rd ST, SUITE 4209

Address

MIAMI, FL 33130

City/State and Zip Code

# mariagemma67@gmail.com

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

For further information concerning this matter, please call:

YOLANDA SAENZ-GOMEZ at (908) 456-5111

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

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| 0 .   | , = <b>-</b> ,  |   |   |   | 12                    |
|---|---|---|---|---|-----------------------|
| Name of the limited liability company: ZANGEM LOGISTICS, LLC    |   | ZS  | 2   | <u> </u>                                  |                       |
| 2. (a)  | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)  | 90 SW 3rd ST, SUITE 4209<br>MIAMI, FL 33130   | CRETAR  | 13 HAY 2                                  |                       |
| (b)   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 90 SW 3rd ST, SUITE 4209<br>MIAMI, FL 33130   | Y OF STATEE, FLOR                                       | 2   | ED                    |
| 10/10/20  | 12  | L12000129468  | DE<br>A   | 30  |                       |
|   | · · · · · · · · · · · · · · · · · · ·   | 4. Document number  |   |   |                       |
| 5. (a)  | Registered Agent and Registered Office shown on t   | he records of the Florida Den   | t. of Sta   | te:                                       |                       |
| (,  | Registered Agent:   | GEORGE SAENZ  | ., 0, 0,  |   |                       |
|   | Registered Office Address:  | 2119 NW 79TH AVE<br>DORAL, FL 33122   |   |   |                       |
| (b)   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  | V Registered Office address  YOLANDA SAENZ-GOMEZ  | :   |   |                       |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) |   | 90 SW 3rd ST, SUITE 4209  |   |   |                       |
|   |   | MIAMI,  | _,FL_33   | 130                                       |                       |
| confirmand the liability the means the op-                      | limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.  | orida street address of the reg   | istered (   | office                                    | e of<br>or            |
|   | A SAENZ-SOMEZ   | _   |   |   |                       |
| I here<br>compli<br>and I i<br>Chapt<br>addres                  | or typed name of signee  by accept the appointment as registered agent and as  y with the provisions of all statutes relative to the pro  am familiar with and accept the obligations of my pos  er 608, F, S, Or, if this document is being filed to men  ss, I hereby south ment the limited liability company  te of Registery (san) | gree to act in this capacity. I<br>per and complete performant<br>sition as registered agent as p<br>ely reflect a change in the re<br>has been notified in writing o | further<br>ze of my<br>rovidea<br>gistered<br>of this c | agree<br>dutie<br>for i<br>offic<br>hänge | e to<br>es,<br>n<br>e |

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

INHS18 (05/08)