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D. SCOTT

## COVER LETTER

Division of Corporations			
SUBJECT: Zoloa LLC	to I I i Vitin Comment	·	
Name of Limi	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Donald R. Lilly Name of Person			
Name of Person	<del></del>		
Zoba LLC			
Firm/Company	<del></del>		
8612 Venczia Drive, #2334		2018 TAL	ri
Address	<del></del>	LAR &	=
Orlando, FL 32810  City/State and Zip Code		NASSE ASSE	FILED
City/State and Zip Code	<del></del>	THE D	
drdasher @yahoo. com  E-mail address: (to be used for future annual repor	notification)	2018 JAH 22 P 2: 21 SECRE TARY OF STATE A SECRE TARY OF STATE	
	,		
For further information concerning this matter, please ca	ili:		
Donald R. Lilly at (	107 , 661 - 3106	one Number	
		one Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314		
Enclosed is a check for the following amount:	:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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 No.	me of the limited liability company: Zoba	LLC			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	8612 Venezo Mailing address of (Note: MAY B		company:
	Orlando, FL 32810		Orlando, F	L 328	10
	5/20/2013		L13000	072998	<del></del>
3.	Date of filing/registration in Florida In Corp Services, Inc.	4.	Document nu	mber	
5. (a)	Registered Agent and Registered Office shown on the records of the 17888 67th Court North		ot, of State:		
	Registered Office Address <u>MUST BE FLORIDA STREETA</u> Loxa Matchee, FL 33470	DDRESS)		Ps 28	
	, FL_			ECRE LLAH	FILED
(b)	Donald R. Lilly Enter name of NEW Registered Agent and/or NEW Registered 6	Office addres	<u> </u>	22 ASSE	Ш
	8612 Venezia Drive, #			SECRE FARY OF STATE	
	NEW Registered Office Address:			IDA IDA	-
	Orlando .FL	3281	0		
the cha agent w was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ure of a member or authorized representative of a member	the registere bility compa f the limited	ed office and the busin any, it is hereby confir I liability company or a	less office of the control of the co	he registered change(s)
I herek provision the oblin to mere notified	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have iting of this change.	e to act in t performance for in Chap ereby confi			nply with the h and accept s being filed : has been