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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

t. Na	me of the limited liability company:	S ZANOT	TI,	LLC	<u> </u>	
2 (2)		(b	١			
(417	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(0)	′_	:	Mailing address	of limited liability company: BE POST OFFICE BOX)
	202 McDaniel Dr.		20	2 McDa	miel Dr.	
	Magnolia, TX 77354		М	agnolia.	TX 77354	
	07/01/2013				1,130000937	īru
3.	Date of filing/registration in Florida	- 4.			Document nu	ımber
5 (a)						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Der	nt, of State	<b>-</b> e:	
	UNITED STATES CORPORATION AGENTS, INC.		,			<b>~</b> .
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS	1		-	2024 S
	476 Riverside Ave.					<b>3</b> T
	Jacksonville, FI	32202			_	FILED 2024 IIAY 23 AM 3: 58
					_	ST. A. I
(b)	Enter name of NEW Registered Agent and/or NEW Registered			<del> </del>		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	dres	<u>&gt;</u> :		FE 588
	ADALBERTO PARRA, CPA				_	ı∽i, <b>co</b>
	NEW Registered Office Address:					
	555 NE 15th Street, Suite CU-19				_	
	Miani , FI	33132		1111	_	
change igent w was/we	mited liability company is not organized under the last or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the registere ability cor of the limited li	Stard o inpa ited iabi	te of Fle ffice and any, it is I liability	d the business s hereby confi y company or npany.	s office of the registered irmed that the change(s)
Signal	ure of a member or authorized representative of a member				Printed or type	d name of signee
I herel provisi the fol to mere natified	by accept the appointment as registered agent and agroins of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I find writing of this thange.  Of the CPA  The of Registered Agent	rce to act performa d for in C hereby co	in t med haj mfu	this cape of my o oter 603 rm that	acity. I furthe duties, and I c 5, F.S. Or, if t the limited lia	r agree to comply with the un familiar with and accep this document is being filed ability company has been

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