## L13000144702

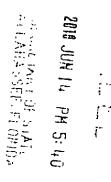
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	MAIT MAIL							
(Business Entity Name)								
(Document Number)								
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Special Instructions to Filing Officer:								

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B FIGUEROA.
JUN 18 2018



June 6, 2018

MANSOOREH MOLLASHASEMI 1133 LOUISIAN AVE #212 WINTER PARK, FL 32789

SUBJECT: FLEETZOO LLC Ref. Number: L13000144702

We have received your document for FLEETZOO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 5(a) of the form must match the Florida Department of State's records and Section 5(b) is for the new Registered Agent information.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 918A00011829



RECEIVER 2018 JUN 14 AM 10: 57 CEPARTHENT OF 3T SYNSION OF CORE DUANS

## **COVER LETTER**

TO: Registration Section Division of Corporations									
SUBJECT: Flee+200, LLC Name of Lim	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:								
Mansooren Mollaghasemi Name of Person									
FIET-ZOO LLC Firm/Company									
1133 LOUISIANA Ave Suite 212 Address									
Winter Park FC 32789  City/State and Zip Code									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please c	all:								
MANSONPL MONAGWASEMi at ( ) 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								

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. Na	ame of the limited liability company:Flpp.	12	00	LLC				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (b)		Mailing address of limit			
	Suite 212							····
	Winter Privk, FL 32780	]	_				<del></del> _	
3.	Date of filing/registration in Florida		4.	<u> </u>	3000144 Document number		)	
5. (a)	Registered Agent and Registered Office shown on the records	SCY s of th	<u>Υ΄</u> e Florida Dep	ot, of Star	  !e:			
	Registered Office Address (MUST BE FLORIDA STRE			03	2010 JUN 14 ALLAHASSI			
	Orlando.	. FL_	328	17	-	ARYOLS ASSEELEL	P	<u></u>
(b)	Enter name of NEW Registered Agent and/or NEW Register	ered (	office addres	<u>s</u> :	_	9.45 • 10.50 • 10.50	5: Lû	i
	1133 LOUISIANA AVE., S NEW Registered Office Address:	S(A	H 216	2	_			
	Winter Park	. FL_	3278	 q	<u>-</u>			
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite one authorized by an affirmative vote of the member of organization or the operating agreement of	s of t d lial ers of	the register bility comp the limited imited liab	ed offic any, it I liabili ility co:	te and the business of the company or as of the company or as of the company.	office of that the herwise	f the re e chang provid	egistered ge(s) ded in
				Mar	Soorely Printed or typed name	Mo	119	ghorem
I here provis the ob to mer notifie	atthe of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as proved; reflect a change in the registered office address of my position of this change.	agre lete p vided s, I h	ee to act in performanc for in Cha ereby confi	this cap e of my pter 60 rm thai	racine I farthar an	eoo to ca	mah	with the d accept ing filed · been
Signar	ure of Registered Agent							