

L13000156923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZenSpence 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:

Zenee Miller

Name of Person

Firm/Company

5840 Red Bug Lake Road #135

Address

Winter Springs, FL 32707

City/State and Zip Code

zenee@zenspence.com

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

For further information concerning this matter, please call:

Zenee Miller

Name of Person

at **(407) 434-1572**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2013

ZENEE MILLER
5840 RED BUG LAKE ROAD #135
WINTER SPRINGS, FL 32707

SUBJECT: ZENSPENCE LLC
Ref. Number: L13000156923

We have received your document for ZENSPENCE 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):

Please complete 5. (b) of your document.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 813A00027039



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2013

ZENEE MILLER 2ND ML
5840 RED BUG LAKE ROAD #135
WINTER SPRINGS, FL 32707

SUBJECT: ZENSPENCE LLC
Ref. Number: L13000156923

We have received your document for ZENSPENCE 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):

You failed to make the correction(s) requested in our previous letter.

Please complete 5. (b) of your document.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 813A00027039

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.

1. Name of the limited liability company: ZenSpence LLC

2. (a) Principal office address of limited liability company: 5840 Red Bug Lake Road #135
Winter Springs, FL 32708
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5840 Red Bug Lake Road #135
Winter Springs, FL 32708

11/6/13

3. Date of filing/registration in Florida

4. Document number

L13000156923

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Zene Miller

Registered Office Address:

5840 Red Bug Lake Road #135
Winter Springs, FL 32708

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Zene Miller

NEW Registered Office Address:

5840 Red Bug Lake #135

(MUST BE FLORIDA STREET ADDRESS)

Winter Springs, FL 32708

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Zene Miller

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Zene Miller

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00