L14000134067

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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2015 SEP -1 AHII: 39
SECRETARY OF STATE
AND SEPTEMBERS.

SEP 0 3 2015 J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Christopher Masker christopher.masker@cscglobal.com

Date: August 28, 2015

Order#: 765067/003

Re: AMZAK INVESTORS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Christopher Masker c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

	ame of the limited liability company: AMZAK INVI		
2. (a)	980 NORTH FEDERAL HIGWAY Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON FL 33432		
	08/26/2014		L14000134067
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ESPINALLUIS		
J, (4)	Registered Agent and Registered Office shown on the records	s of the Florida D	Pept. of State:
	308 NW 11TH AVE		2
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	2015 SEP
	BOCA RATON,	FL 33486	SSEE THE
(b)	Corporation Service Company		
` `	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addr	
	1201 Hays Street		*
	NEW Registered Office Address:	-	
		<u> </u>	
	Tallahassee ,	FL_32301	
the cha agent was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operation agreement of	s of the registe d liability comes ars of the limit	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	1100	Dona	Priebe, Authorized Person
I here provis the ob- to mer	ture d'a mober or authoritéd representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d'in writing of this anange.	lete performar pided for in Ch s, I hereby con	ace of my duties, and I am familiar with and accep

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