2/5/2019

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC REGISTERED AGENT CHANGE ZBS MANAGEMENT LLC

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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.

I. Na	me of the limited liability company: ZBS Manag	gement, LLC	
(u)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ià:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6000 NW 68th Street		
	Parkland, FL 33067		
	09/09/2014	Li	14000141111
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the reco	ords of the Florida D	ept, of State:
	ADAM HANDFINGER		
	Registered Office Address (MUST BE FLORIDA STE	9	
	6000 NW 68th Street	·	19 FEB
	Parkland	FI 33067	5
		_,	SEE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>		
•	Enter name of NEW Registered Agent and/or NEW Reg	istered Office addre	-6 AM 9: 55
	C T Corporation System		FEB-6 AM 9: 55
	NEW Registered Office Address:		············
	1200 South Pine Island Road		
			<del></del>
	Plantation	_, FL_33324	
the cha agent v was/we the arti	imited liability company is not organized under t	he laws of the St ess of the registe ted liability com bers of the limite of the limited liab	ered office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere notified	ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addre d in writing of this change.	nd agree to act ir nplete performan rovided for in Ch ess, I hereby con,	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	orporation system	Theat Soc	retery
Signatu	re of Registered Agent Christine Kelm	i-Asst. Sec	recary

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