5/15/2019

Division of Corporations

## logida Departm**ent of St**ate

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(((H19000159556 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

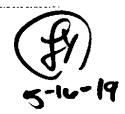
Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: 1	Address:			

## LLC REGISTERED AGENT CHANGE ZT MOTORS OF FORT WALTON ONE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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To: 18506176383 From: 12147128131 Date: 05/15/19 Time: 11:35 AM Page: 02/02

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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.

1. N:	ame of the limited liability company: ZT MOTORS	OF F	ORT WAL	TON ONE, LLC				
							"	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)					
	785 BEAL PARKWAY N.	1535 WEST LOOP SOUTH STE 400						
	Fort Walton Beach, FL 32547	HOUSTON, TX 77027						
	09/17/2014	L14000145895						
3.	Date of filing/registration in Florida	4.		Document number				
(b)	Registered Agent and Registered Office shown on the records of a CLAIRE THOMPSON  Registered Office Address (MUST BE FLORIDA STREET)  777 BEAL PARKWAY  FORT WALTON BEACH , FL.  Enter name of NEW Registered Agent and/or NEW Registered  LEGALING CORPORATE SERVICES INC.  NEW Registered Office Address:	32547	<u>.                                    </u>	- - -	SECTION OF A CONTROL OF THE CONTROL	19 HAY 15 PH 12: 08		
	FORT MYERS , FL.				¥-	œ		
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co f the lin limited	stered office ompany, it is nited liability liability com	e and the business of s hereby confirmed to y company or as other spany.	lice of t	he reg	istered Vel	
C:								
I herel provision the abli to mere notifica	use of a member or authorized representative of a member by accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and the change.    (1)	ee to ac perform for in ( ereby c	t in this cape ance of my c Chapter 605 onfirm that i	Printed or typed name of acity. I further agre- laties, and I am fam , F.S. Or, if this doc the limited liability o	ν.	iply wi h and s bein has b	ith the accept g filed cen	

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