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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 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.

	Email	Address:		
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NBO	PH 12: 1 PH 12: 1 CORPORATI	LLC REGISTERED AGENT CHANGE ZT MOTORS OF FORT WALTON TWO, 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.

l. (a)		(b)			
	Principal office address of limited hability compan (Note: MUST BE STREET ADDRESS)	ı <u>y</u>	Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)		
	785 BEAL PARKWAY NW	11233	11233 Shadow Creek Pkwy Suite 313		
	Fort Walton Beach, FL 32547	Pearla	Pearland, TX 77584		
	09/17/2014	L14000			
	Date of filing/registration in Florida	4.	Document number		
. (a)					
	Registered Agent and Registered Office shown on the reco	Registered Agent and Registered Office shown on the records of the Florida Dept of State			
	Sid Hussain		· · · · ·		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)			
	777 Beal Pkwy NW				
	Fort Walton Beach	, FL			
		, FL	<u></u>		
<i>(</i> L)					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office address			
	LEGALINC CORPORATE SERVICES INC.				
	NEW Registered Office Address				
	476 Riverside Ave				
	Jacksonville	- FL 32202			
hange gent v ras/wo	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the mem- icles of organization or the operating agreement of	of the registered office ted liability company, bers of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in		
	Wasin Pasha ture of a member of a uthorized representative of a member	Nasir Pasha			
	I want I wante		Printed or typed name of signee		

Signature of Registered Agent

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

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