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SECRETARY OF STATE
TALLAHASSEF, F

C. BRUMBLEY SEP 3 0 2022

COVER LETTER

TO: Registration Section Division of Corporations					
ZERO ALTITUDE, LLC SUBJECT:					
Name of	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.				
Please return all correspondence concerning this mat	eter to the following:				
ELISA STEPHENS					
Name of Person					
Firm/Company					
16805 BANNER SHELL PLACE					
Address					
WIMAUMA, FL 33598					
City/State and Zip Code					
STEPHENSEG@AOL.COM					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, please	e call:				
ELISA STEPHENS	561 929-2269				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amou	int:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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.

2. (a)	16805 BANNER SHELL PLACE		(b) 16805 BANNER SHELL PLACE		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WIMAUMA, Fl. 33598		WIMAU	MA, FL 33598	
	02/19/2015		L1500003	1462	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	GALANTER, OLGA I				
(-)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Su	atc:	
	Registered Office Address (MUST BE FLORIDA STREET 1946 Tyler Street, SUITE 9	ADDRE	<u>(SS)</u>		
	HOLLYWOOD , F	L 33020		ZOZZ,	
(b)	ELISA STEPHENS			(Fig. 7)	
. ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ddress:		
	NEW Registered Office Address:		·		
	16805 BANNER SHELL PLACE			22	
	WIMAUMA	L		<i>B</i>	
agent w was/we	imited liability company is not organized under the later changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the registe iability confithed in the line in t	ed office as ompany, it	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
I herek provision the oblit to mere notified	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I have the complete address of the writing of this change.	ree to ac perform ed for in hereby c	t in this cap lance of my Chapter 60, onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	