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(Requestor's Name) (Address) (Address)	200302006022
(City/State/Zip/Phone #)	08/04/1701024004 ** 25.00
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COVER LETTER

TO: Registration Section Division of Corporations

Zone SUBJECT: Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michae Bush Name of Person Statch Zone Holdings LLC Firm/Company 1500 CORDOVA Rd # 204 Address Larder dale FL 33316 City/State and Zip Code hzone. com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (954) 328-9028 Michael

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

🗙 \$25 Filing Fee

S55 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.

1. Name of the limited liability company: **Sta** Zone Holdings 500 CORDOVA # 204 460367 Boy (b) **PO** Principal office address of limited liability company: Mailing address of limited liability company; (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 33316 F1 33346 dell avderdale avde 30/2015 15000056092 3. of filing/registration in Florida 4. Document number Bush, Michae 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept-of State: red oa N. Hw Registered Office Address (MUST BE FLORIDA <u>Street address)</u> 2017 AUG -4 PM 12: 23 1 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address # 20Y CORDOVA 500 NEW Registered Office Address: 33316 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or. in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of or anization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the schange. Signature of Registered Agent

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