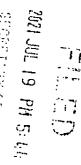
## 

(Requestor's Name)					
(Address)	200370079				
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)	07//19/21010120				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	08/03/2021 JH				
	57 27 27 28 27 28 27 28				

Office Use Only



**\*\***25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ZENTA LLC	
N	Same of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
JUAN P. DEPETRIS	
Name of Person	
ZENTA LLC	
Firm/Company	<del></del>
1440 NW 82ND AVENUE	
Address	
DORAL, FLORIDA 33126	
City/State and Zip Code	3
JPDEPETRIS@ICLOUD.COM	
E-mail address: (to be used for future a	unnual report notification)
For further information concerning this matter	er, please call:
IDALIA BLANDON	305 343-8272 at ( )
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	ng amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	



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.	Nan	ne of the limited liability company:							
2. (:	a)			(b	o)				
·	-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_			Mailing address of limited I (Note: MAY BE POST)	liability	comp:	iny:
		1440 NW 82ND AVENUE			1440 NW	82ND AVENUE			
		DORAL, FLORIDA 33126	<del>-</del>		DORAL, I	FLORIDA 33126			
	(	06/10/2015			L150001015	521			
3.	-	Date of filing/registration in Florida	4.	-		Document number			
5. (	a)								
5. (	, _ F	Registered Agent and Registered Office shown on the records of t	he Flori	da	Dept. of Stat	e:			
		JP GLOBAL BUSINESS SOLUTIONS, INC							
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRE.	<u>55</u>	7	_			
		1395 BRICKELL AVENUE STE 800							
	•	MIAMI	33131			_			
	•	MIAMI , FL		_		_			
(1	b) _					2		7021	
`		Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		$\stackrel{\cdot}{=}$	: [	
		BLANDON CPA, LLC				) ( ( ( (	921 JUL 19 SECRETARY (LL ADASSE		
		NEW Registered Office Address:			<u> </u>	1 to 1, 11			
		13055 SW 42ND STREET SUITE 106					• .	ű:	فرز
	•					_		ST On	
	MIAMI , FL 33175								
chan agen was/	ige c it wi /wer	nited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an aftirmative vote of the members of les of organization or the operating agreement of the	registe bility of f the li limited	ere coi m I li	ed office an mpany, it is ited liabilit	d the business office of shereby confirmed that y company or as other apany.	f the r it the c	egiste :hang	red e(s)
Signature of a member or authorized fepresentative of a member				Printed or typed name of signee					
I he prov the c to m noti)	reby vísió oblig erel fied'	waccept the appointment as registered agent and agrans of all statutes relative to the proper and complete pations of my position as registered agent as provided wreflect a change in the registered office address. I him writing of this change.	ce to ac perforn l for in ereby (	ct na C co	in this cape ince of my c hapter 605 infirm that	acity. I further agree t duties, and I am Jamili 5, F.S. Or, if this docu the limited liability cor	o com ar wit nent i. npany	ply w h and s bein has l	ith the accept g filed Seen
Sign	ature	of Registered Agent							