## LI5000152516

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Do	xument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lγ



09/15/21--01025--009 \*\*25.00

JEINRY OF STATE

## **COVER LETTER**

÷

TO: Registration Section Division of Corporations

Ozone Unlimited LLC

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:

Debra L Zerfas

Name of Person

Ozone Unlimited LLC

Firm/Company

4919 Jetton Drive

Address

Orlando, FL 32837

City/State and Zip Code

debra@ozoneunlimited.com

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

For further information concerning this matter, please call:

Debra L Zerfas	407 484-7655
Name of Person	at () Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
<b>Registration Section</b>	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

**\$25** Filing Fee

□ \$55 Filing Fee & Certified Copy

## 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.	Na	me of the limited liability company:	d LLC		
2. (8	a)	Ozone Unlimited LLC		(b) Ozone Unli	mited LLC
2. (	)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )			tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		4919 Jetton Drive		4919 Jetton	Drive`
		Orlando. FL 32837		Orlando, FL	. 32837
		9/8/2015		L1500015251	6
3.		Date of filing/registration in Florida	4.	I	Document number
5. (	a)	Registered Agent Resigned			
5. (	ч,	Registered Agent and Registered Office shown on the records of	of the Flori	la Dept. of State:	
		Brian Mills			
		529 Versailles Drive. Suite 104			
		Maitland, I	۲L		
(1	b)	Debra L Zerfas			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	<u>ddress</u> :	1021
		Debra L Zerfas			TELAKY OF ST
		NEW Registered Office Address:			
		4919 Jetton Drive			Cash PH
		Orlando, H	L <sup>32837</sup>		STATE
chan agen	ige it w	mited liability company is not organized under the h or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited for the authorized by an affirmative vote of the members	ne registe liability c	red office and ompany, it is	the business office of the registered hereby confirmed that the change(s)

Signature of a member or authorized representative of a member

the articles of organization or the operating agreement of the limited liability company.

Printed or typed name of signee

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 this change.

Debra L Zerfas

ona –

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314