L15000157036

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
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(Bo	usiness Entity Na	me)		
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SECRETARY OF STATE ALLAHASSEE FLORID

COVER LETTER

TO:	O: Registration Section Division of Corporations			
SUBJECT: EZEZ LLC				
SUDJ	ECT:	Name of Limited Liability Company		
Dear S	ir or Madam:			
The er	iclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.		
Please	return all correspondence concern	ing this matter to the following:		
	L /or Z	ait.		
	Name of reison			
	FZEZ LL Firm/Company	-C		
	14021 Oakri Address	dge Dr.		
	Davie FL. City/State and Zip C	33325 ode		
I	1107 zait at 1	Jahoo. com te annual report notification)		
For fu	rther information concerning this n	natter, please call: .		
	Lior Zait	at (757) 633-3004 Area Code & Daytime Telephone Number		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRES	•		
	Registration Section	Registration Section Division of Corporations		
	Division of Corporations Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	\$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.

i. Na	Name of the limited liability company:	<u>C</u>
2. (a)	a)(b)	<u></u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
	14021 Oakridge Dr. 1	4021 Oakridge Dr.
	14021 Oakridge Dr. 1. Davie, FL 33325 I	Davie, F1. 33325
3.	9-15-2015 (Reinstatement 10-26-2016) L/5 Date of filing/registration in Florida 4.	000157036 Document number
5. (a)	(a) Lor Zoit Registered Agent and Registered Office shown on the records of the Florida Dept. of State	 e·
	Lior Zait	-
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	P.
	14021 Vakridge Dr.	7 TEC
	<u>Davie</u> , FL 33325	ARA TAR
(b)	b) Maria Panina	RRY L SSEE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	Maria Panina	STATE ORID
	NEW Registered Office Address: 454 Poinciana Island Dr.	. ``
	Suny Isle Beach, FL 33/60	
the cha agent v was/we	change or changes are made, the Florida street address of the registered officent will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability articles of organization or the operating agreement of the limited liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	gnature of a member or authorized representative of a member	Printed or typed name of signee
I here provisi the obl to mero notified	ereby accept the appointment as registered agent and agree to act in this cap visions of all statutes relative to the proper and complete performance of my obligations of my position as registered agent as provided for in Chapter 60: herely reflect a change in the registered office address, I hereby confirm that fied in writing of this change.	acity. 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
Signatu	nature of Registered Agent	