

215000181504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

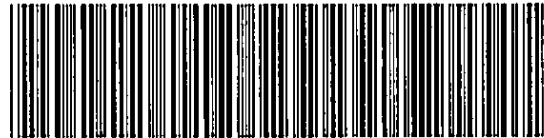
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500346371115

06/16/20--01012--006 \*\*25.00

JUL 25 2020  
S. YOUNG

2020 JUN 16 AM 7:24

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ziolo Consulting  
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:

Danielle Ziolo  
Name of Person

Ziolo Consulting  
Firm/Company

5085 Sancerre Circle  
Address

Lake Worth, FL 33463  
City/State and Zip Code

dziolo@zclabservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Ziolo at ( 407 ) 761-8640  
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

☐ \$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. Name of the limited liability company: Ziolo Consulting

2. (a) Danielle Ziolo (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

5085 Sancerre Circle

Lake Worth, FL 33463

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4300 S Jog Rd Suite 540171

Greenacres, FL 33454

06/01/2020

L15000181504

3. Date of filing/registration in Florida

4. Document number

5. (a) LEGALINC CORPORATE SERVICES INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Erik Treutlien

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

5237 Summerlin Commons Suite 400

Fort Myers, FL 33907

(b) Danielle Ziolo

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Danielle Ziolo

**NEW Registered Office Address:**

5085 Sancerre Circle

Lake Worth, FL 33463

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 organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Danielle Ziolo

Printed or typed name of signer

*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.*

  
Signature of Registered Agent