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<u></u>						
(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:						
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J. HARRIS

COVER LETTER

Division of Corporations	
Zou Industries, LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fcc(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Yuhong Pasciuta	1
Name of Person	
Zou Industries, LLC	
Firm/Company	
2136-D S. Atlantic Ave.	
Address	
Daytona Beach Shores, FL 32118	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
at (, <u> </u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	ı
Enclosed is a check for the following amou	nt:
☑ \$25 Fiting Fee	 \$55 Filing Fee & Certified Copy
INHS18 (2/14)	1

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. N	ame of the limited liability company:	es, LLC		
2. (a)	2136-D S Atlantic Ave	(b	2136-D S Atlantic Ave	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability co (Note: MAY BE POST OFFICE I	
	Daytona Beach Shores, FL 32118		Daytona Beach Shores, FL 32118	· ·-···
	03/21/2016		L16000057190	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records o 9251 S Orange Blossom Trail	The Florida	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET Suite 8	ADDRESS		
	Orlando , F	32837	2017 JUL SACALI FACLARIA	œ
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		Successive	
	NEW Registered Office Address:			•
	2136-D S Atlantic Ave		.,	
	Daytona Beach Shores, Fi	32118	i .	
the cha agent was/w the art	hy accept the appointment as registered agent and ag	f the regis iability co of the lim e limited l	istered office and the business office of the ompany, it is hereby confirmed that the chanited liability company or as otherwise proliability company.	registered inge(s) vided in
moune	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. (whome fastive functions are of Registered Agent	ed för in (hereby co	Chaptér 605, F.S. Or, if this document is he confirm that the limited liability company h	eing filed as been
Signatu	ire of Registered Agent		I	