L16000057190

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COVER LETTER

TO: Registration Section Division of Corporations							
Zou Industries LLC							
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:	1						
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning th	is matter to the following:						
Yuhong Pasciuta							
Name of Person							
Dock Manager							
Best Massage							
Firm/Company							
2937 Vineland Rd							
Address							
Kissimmee, FL 34746							
City/State and Zip Code							
E-mail address: (to be used for future ann	nual report notification)						
For further information concerning this matter,	please call						
To family mornation concerning this matter,	prease can.						
	at (
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 32301	Tallahassee, Florida 32314						
rananassee, rionaa 32301							
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	ame of the limited liability company:			
	(a)	2937 Vineland Rd	(b	2937 Vineland Ro	
~.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addres		s of limited liability company: Y BE POST OFFICE BOX)
		Kissimmee, FL 34746	-	Kissimmee, FL 34	746
		03/21/2016		L16000057190	
3.		Date of filing/registration in Florida	4.	Document	number
5. ((a)	Yuhong Pasciuta			
	• •	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State:	
		2136-D S ATLANTIC AVE.			
		Registered Office Address (MUST BE FLORIDA STREET A)			
	<i>a</i> .	DAYTONA BEACH SHORES , FL	32118		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	lress:	1
		NEW Registered Office Address:			
		2937 Vineland Rd			1
		Kissimmee , FL 3	34746		1
the ag wa the	e cha ent v is/we art:	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light hand.	the regist bility control the limited l	stered office and the but impany, it is hereby co- ited liability company	siness office of the registered nfirmed that the change(s)
					ped name of signee
pro the to	ovisi e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act perform for in (ereby co	in this capacity. I furi ance of my duties, and Chapter 605, F.S. Or, i onfirm that the limited	ther agree to comply with the I am familiar with and accept If this document is being filed liability company has been
Si	gnati	re of Registered Wgent			i