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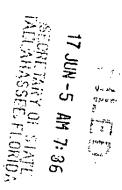
(Requestor's Name)					
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PICK-UP WAIT , MAIL					
(Business Entity Name)					
(Document Number)					
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Office Use Only



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06/05/17--01017--015 **25.00



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.

	Λ				
1. Na	ame of the limited liability company:	ztman	<u> </u>	-C	
2. (a)		(b) <u>'</u>			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mai	_	limited liability co	• •
	75811 Over Seas Huy	Pr) B	0 1754	
	#4	}.	5 lange	ada	Fi_
	Islamorada, FL 33036				33036
3.	Date of filing/registration in Florida 4.	De	ocument nur	nber	·······
5. (a)	Registered Agent and Registered Office shown on the records of the Flo	PICIO I DON'T OF STOTAL			•
	Begistered Office Address (MUST BE FLORIDA STREET ADDRI	Conti	A, Ta	mpage	-L 3612
	->				
	FI.			E.C.	
(b) .	Al Statman			TO JUN	- 7
	Enter name of NEW Registered Agent and/or NEW Registered Office	address:		25.	A restant
	75811 Overseas Highue NEW Registered Office Address:	uy He	-1	AN 7:3	The same of the sa
	Islamorada, FI			5 S	
	,FL	3036			
If the li	limited liability company is not organized under the laws of t	the State of Floric	la. it is herel	ov confirmed th	at after
the char agent w was/we:	ange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the licles of organization or the operating agreement of the limited	egistered office are company, it is he limited liability c	nd the busine ereby confirm ompany or a	ess office of the med that the ch	registered ange(s)
Signati	ture of a member or authorized representative of a member	ALA	inted or typed	TATM AP	4
I hawah	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfolligations of myposition as registered agent as provided for it ely reflect a change in the registered office address, I hereby d in writing of this change.	act in this capaci rmance of my dut in Chapter 605, F y confirm that the	ty. I further ies, and I an I.S. Or, if th limited liab	agree to comp n familiar with is document is ility company h	ly with the and accept being filed as been
Signatur	ire of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)