

116000138044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

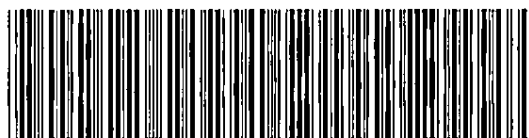
(Business Entity Name)

(Document Number)

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

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2017 AUG 24 PM 4:58  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL 32301

K SALY  
AUG 25 2017

# KATZ TELLER

Amy E. Brown • Phone: (513) 977-3486 • Fax: (513) 762-0086 • abrown@katzteller.com

August 23, 2017

VIA FEDERAL EXPRESS

Florida Secretary of State  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

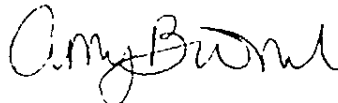
**Re: ZYKFTS Holdings, LLC**

Dear Ladies & Gentlemen:

Enclosed for filing, in duplicate, is the Statement of Change of Registered Agent of the above entity. Also enclosed is our firm's check in the amount of \$25.00 to cover the requisite filing fee. Upon filing, kindly return evidence to my attention.

Should you have any questions, please contact me.

Sincerely,



Amy E. Brown  
Corporate Paralegal

Enclosures

KTBH: 4837-9226-2478, v. 1



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZYKFTS Holdings, LLC

\_\_\_\_\_  
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:

Amy Brown

\_\_\_\_\_  
Name of Person

Katz Teller

\_\_\_\_\_  
Firm/Company

255 E Fifth St Ste 2400

\_\_\_\_\_  
Address

Cincinnati OH 45202

\_\_\_\_\_  
City/State and Zip Code

abrown@katzteller.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Brown

at ( 513 ) 977-3486

\_\_\_\_\_  
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: ZYKFTS Holdings, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1075 West Morse Blvd

Winter Park FL 32789

07/22/2016

L16000138044

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Wende Rowland

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1075 West Morse Blvd

Winter Park, FL 32789

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Bernie Sheehe

NEW Registered Office Address:

\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

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

BERNIE A. SHEEHE  
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

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