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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: 5538 Coope City 52 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:

Michael Busk Name of Person Stefel Zone Firm/Company

1500 CORDOVA Rd #204 Address

Ft Landeck FL 33316 City/State and Zip Code

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

For further information concerning this matter, please call:

at (______) <u>_____328 -9038</u> Area Code & Daytime Telephone Number Michael Busl Name of Person

MAILING ADDRESS:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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

INHS18 (2/14)

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. ł

1. Name of the lim	ited liability company: <u>5538</u>	Coupe 1	<u>City</u>	SZ	LLC			
2. (a) 5538 S	—	5 <u>7</u> (b)	ρġ	Boy	460	367		
Principa	al office address of limited liability company		<u>`````````````````````````````````</u>	failing addre		-	• •	:
(<u>A</u>	Note: MUST BE <u>STREET ADDRESS</u>)		- 1	(<u>Note: M</u> .	<u> </u>			1
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**	of filing/registration in Florida	4	<i>L</i> / 0 C	Documen		·		
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	N. Federal Hwy	ds of the Fiorida f	Apr. of state					
_19_2	/							
Registered Offi	ice Address <u>(MUST BE FLORIDA STR.</u>	<u>LET ADDKESS)</u>						
<u>-</u> Fo,+	Laide de le	FL_333C	<u>y</u>				2017	
c l			,	-			2017 AUG -4 PK 12: 08	71
(b) <u> </u>	ter Zone Huldings	LLC					5 -	
linter name of <u>N</u>	NEW Registered Agent and/or NEW Regis	stered Office addr	<u>'CNN</u> '			577	F	
1500	CORDOVA Rd	+ 20V	r			E OF	PK	C
	ed Office Address:	T. 201					ŝ	م _ح بہ ا
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<u> </u>		FL	17					
	y company is not organized under th							
the change or change agent will be identicated	es are made, the Florida street addre al. Or, in the case of a Florida limit	ess of the register and liability con	ered office npany, it is	e and the b s hereby co	usiness of onfirmed t	fice of th hat the c	ie regis hangef	s)
-was/were authorized	by an affirmative vote of the memb	pers of the limit	ed liability	v company	or as othe	erwise pr	ovided	in
uie articles of organi	Action or the operating agreement o	a me nimited na	MA : 1	ipany.	Rid			
Signature of a member	or authorized representative of a member		rile i	Printed or t	DKJC yped name (a signee		
I hereby accept the a	appointment as registered agent and	d agree to act i	n this cap	acity. 1 fu	 ther agree	e to com	ply wit	h the
provisions of all stat	nites relative to the proper and comp	plete performa	nce of my	duties, and	l I am Jam	iliar with	i and a	ccept

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 his change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 FILING FEE: \$25.00