116000153767

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
				
(Business Entity Name)				
(Sacinosa Elisis, Mario)				
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2017 JUN 19 AM 10: 55 SECRETARY OF STATE TALLAHASSEE FLORIDA

JUN 2 0 2017 J. HARRIS

COVER LETTER

	FO: Registration Section Division of Corporations				
	(2111	1.0			
SUBJE	CT:				
	Nam	e 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:					
Tian Zhang					
	Name of Person				
	Firm/Company				
Z80 Beech Brook St Address					
Address					
Jacksonville, FL 32259					
City/State and Zip Code					
roger 801z15@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Tian Zhang	at (305) 590 3674 Area Code & Daytime Telephone Number			
	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					
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.

l. Na	ame of the limited liability company: <u>CZU LL</u>	LC		
2. (a)	280 Beech Brook St	_ (b)	280 Beech Brook St	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (•)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Jacksonville, FL 32259		Jacksonville, FL 32259	
	8/17/2016		L16000153767	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ZHANG, TIAN	·		
, ,	Registered Agent and Registered Office shown on the records of the	e Florida Dept.	of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	10227 NW 9TH STREET CIR	APT 30.	2	
		33172	SECRETARY SALLAHASS	
(b)	ZHANG, TIAN		SEE O	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	JUN 19 AN IO: 55 CRETARY OF STATE LAHASSEE FLORIDA	
	NEW Registered Office Address:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	280 Beech Brook St			
	Jack sonville , FL	32259		
the cha agent w was/we the arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab- inger authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability ture of a member of authorized representative of a member	he registered bility compan the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
			Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change.	e to act in thi performance of for in Chapte ereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signatu	re of Registered Agent			