L170000 392 44

(Requestor's Name)				
(Address)				
(Address)				
(,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SEP 27 MILL

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Level5 Data Ce	nter Group,	LLC		
Name of Limited Liability Company					
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered	Office Change as	nd fee(s) are submitted for filing.		
Please re	turn all correspondence concernin	ig this matter to th	ne following:		
Michael S	Gerrano				
	Name of Person				
ZenBusin	ess Inc.				
	Firm/Company				
336 E. Co	illege Ave. Suite 301				
	Address				
Tallahasse	ee, FL 32301				
	City/State and Zip Co	de			
ra@zenb	usiness.com				
E-n	nail address: (to be used for future	annual report no	tification)		
For furth	er information concerning this ma	itter, please call:			
Michael S	Serrano	844 at (493-6249		
	Name of Person		Area Code & Daytime Telephone Number		
F E F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
ŀ	Enclosed is a check for the follow	ving amount:			
	■ \$25 Filing Fee	0	\$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.

1. N a	9924 AZALEA BLOOM WAY APT 314 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) RIVERVIEW, FL 33578	(b)	PO BOX 6897 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BRANDON, FL 33508
	02/20/2017	L	17000039244
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ZenBusiness, Inc.		
J. (a)	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)	
	336 E COLLEGE AVE		23
	Registered Office Address (ST BE FLORIDA STREET ADDRES		
	TALLAHASSEE , FI	32301	
(b)	ZenBusiness Inc		ess:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	es: 3
	336 E. College Ave. Suite 301		
	NEW Registered Office Address:		
	Tallahassee , FI	32301	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limit	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	/ Dale Hobbie		Dale Hobbie
I here provisi the obl to mero notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in	ree to act ir performan d for in Ch hereby con	Printed or typed name of signee I this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has heen