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Special Instructions to Filir	ig Officer:	

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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ZERO FEE 123 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:

WILLIAM T. BERNHARDT JR

Name of Person

HARRIS, MILLER & BERNHARDT P.A.

Firm/Company

976 BREVARD AVE. STE A

Address

ROCKLEDGE, FL 32955

City/State and Zip Code

BILL@HMBACCOUNTING.COM

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

For further information concerning this matter, please call:

DWIGHT FOSTER	86 246-9564
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 amour	it:

\$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.

Nan	ne of the limited liability company: ZERO FEE		
С	976 BREVARD AVE. STE A	(b) 97(6 BREVARD AVE. STE A
a) _	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Nate: MAY RE POST OFFICE ROX</u>)
	ROCKLEDGE. FL 32955	RC	OCKLEDGE, FL 32955
	03-23-17	L17	000066588
_	Date of filing/registration in Florida		Document number
	CTEMART MICHAEL		
	Registered Agent and Registered Office shown on the record	s of the Florida Dept.	of State:
	11626 CLAYMONT CIR		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	WINDERMERE	.FL_32786	
(6)	BERNHARDT, WILLIAM T.		
	Enter name of NEW Registered Agent and/or NEW Regist		
	NEW Registered Office Address:		
	976 BREVARD AVE. STE A		
	ROCKLEDGE	, FL 32955	

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. of a meduber or authori

enfance of a member

Printed or typed name of signee

Signature of Registered Agent Barnho

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

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