42-1017-96

(Ke	questor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
•	•				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: CZ CONSY/+, Name of I	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
MARGARCH ZANG	ee.R
CZ (pNSulting) Firm/Company	UC
2101 RAY/YM	DR
Wowdstock Grand Zip Code	30188
PZANGER 510 1000 E-mail address: (to be used for future annual re-	port notification)
For further information concerning this matter, please	e call:
MARARET ZANGER at ((866) 426-1213 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☎ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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:	CZ,	CONSUH	ing C	6
2		(1			
2. (a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS) APR MARCO	•	Mailing address	s of limited liability of BE POST OFFICE	* *
/// <u>//</u>	3/1/2017	<u>3419</u> 3 —— .	Wood-St 82-10	0CK 6 196	<u> 4 300</u>
3.5. (a)	Date of filing/registration in Florida Charles Hardered Office shown on the registered Offi	YRER	Dept. of State:	uniber	
Registe A	ARCO ISLAH		4-14-5		017/15 h/M 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
<u></u>	ame of NEW Registered Agent and/or NEW F	ANGER Registered Office ad	104		PHI2: 07
	MARCO 1Stanto	FL <i>3</i> 4	745		
change or cha agent will be was/were auth	liability company is not organized unde inges are made, the Florida street addre- identical. Or, in the case of a Florida li norized by an affirmative vote of the mo lorganization or the operating agreemen	ss of the registere imited liability co embers of the lim	d office and the busines mpany, it is hereby con ited liability company c	ss office of the re firmed that the cl	gistered hange(s)
\	member or authorized respectantative of members		,	ped name of signee	AHJOR
provisions of the obligation to merely refl	ept the appointment as registered agent all statutes relative to the proper and come of my position as registered agent as ect a change in the registered office addition of this change.	omplete performa provided for in (ince of my duties, and I Thanter 605 F.S. Or -if	am familiar with this document is	i and accept being filed
Signature of Re	extered Agent				
/	Division of Corporations FI	s• P.O. Box 6327 LING FEE: \$25		14	