## 117000122364

(Re	equestor's Name)	<del></del> .
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Zore products  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:	
Alan Jacoby Name of Person	
Zorem Droducts Firm/Company	
1359 E. Sample Rd. Address	
Dompario Beach, FL 33064 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alan Jacoby at 954, 364-7814  Name of Person Area Code & Daytime Telephone Nu	mber
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 amount:	
□ \$25 Filing Fee & Certified Copy	

## 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

Florida	ı.
1. Na	me of the limited liability company: 20REM DRODUCTS, LLC
2. (a)	
2. (4)	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Dompario Beach, FL 3364 Dompano Beach, FL 330
	portario perior, 7 = 2
	6-5-2017 <u>L17000122364</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Was Distre United States Corporation Agents, INC.
). (a)	Registered Agentsand Registered Office shown on the records of the Florida Dept. of State:
	13302 Winding Oak DORT
	13302 WINDING Oak DORT  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Control of the Address Program of the Control of th
	<u>TAMPA</u> .FL 33612
	$\frac{1}{2}$ , $\frac{1}{2}$ $\omega$
(b)	ALAN Jacoby
` '	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	1200 1 01
	1359 E. Sample Rol.
	NEW Registered Office Address:
	DOMPano Beach FL 33064
	100 Dence .FL 5500 1
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/wo	ere author/zed by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
	ALON JACOBY
=	ture of a member or authorized representative of a member Printed or typed name of signee
marcania i	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the obli to mere	ons of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflectfacklange in the registered office address, I hereby confirm that the limited liability company has been I by writing of this grange.
notified	I'm writing of this france
Sindian	re of Registered Agent
CORPORATION CO.	io or regimenou rigidit.

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