

L17000129577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

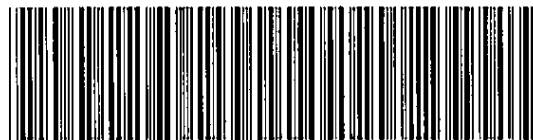
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500330844225 ✓

06-24-15 FILED 007 44225, 10

S TALLENT

JUL 18 2013

2019 JUL 18 PM 4:48
SECRETARY OF STATE
JUL 18 2013

FILED

RA-CA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2019

DANIEL NAUDE
MZANSI.USA LLC
317 FLAGLER BOULEVARD UNIT 10 A
ST AUGUSTINE, FL 32080

SUBJECT: MZANSI.USA LLC
Ref. Number: L17000129574

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 719A00013524

Rec 7/18/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mzansi, USA 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:

Daniel Naude'
Name of Person

Mzansi, USA LLC
Firm/Company

317 Flagler Boulevard Unit 10A
Address

St Augustine FL 32080
City/State and Zip Code

r.potter@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Naude' at (407) 608 9256
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

7/18/19

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: MZansi, USA LLC
2. (a) 317 Flagler Boulevard Unit 10A (b) Same as Office Address
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- St Augustine
Florida 32080
3. 6/13/17 Date of filing/registration in Florida 4. 398832 L17000129574 Document number
5. (a) LegalCorp Solution LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3340 W Hollywood Blvd Suite 415
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Hollywood, FL 33021
- (b)
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Daniel Naudé
NEW Registered Office Address:
317 Flagler Boulevard Unit 10A
St Augustine, FL 32080

FILED
2019 JUL 18 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent