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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ZAUTCKE CPA Name of Lim	ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Bartly E. Zastcke Name of Person					
ZAUTCKE CPA, P.L.L.					
9640 Pineapole Preserve	Ct.				
Fort Maers, FL 33908 City/State and Zip Code	<u> </u>				
barte Zautcke. Com E-mail address: (to be used for future annual repor	t notification)				
For further information concerning this matter, please ca	all:				
Bartly E. Zautcke at (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:					
	☐ \$55 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.

1. Na	ame of the limited liability company: ZAUTCKE	<u> </u>	PA.	P.L	. <u>L</u> . <u>L</u> .	_
2. (a)	9640 Pineapole Preserve Ct.	(b)	964	JP1~	eusple Pr	ejerse Ct.
	Principal office address of limited liability company:			_	lress of limited lia	
	(Note: MUST BE STREET ADDRESS)		_	(<u>Note: N</u>	AAY <u>BE POST OI</u>	FFICE BOX)
	Fort Myers FL 33908	(Fort	PKM	17.2r	3908
	<u> </u>			U	•	
	August 21, 2017		L17	000	17876	2
3.	Date of filing/registration in Florida 4.			Docume	nt number	
5. (a)	Bathy F Zantova				4.3	- +=3
). (a)	Registered Agent and Registered Office shown on the records of the Flo	rida D	Dept. of Sta	_ ite:	NOTE OF	<u> </u>
	11.0 deste 2 gill		•			 }
	Registered Office Address (MUST BE FLOR)DA STREET ADDRI	F.C.C.)		_		Γ_{i} .
	Maria	<u> </u>			D	・ コ
			 -	_		ù
	Sanibel FL 3	52	$\Gamma z \rho$		· ·	بر ت
(b)	Bartly E. Zavtche.				•	
(4)	Enter name of NEW Registered Agent and/or NEW Registered Office	addr	<u>ess</u> :	_		
	9640 Pineapple Preserve	<i>C</i> :	,			
	NEW Registered Office Address:		<u> </u>	-		
				_		
	Fort Myers FL 3	391	80			
If the I	imited liability company is not organized under the laws of t	tha S	tate of F	lorida it is	c harabu canfir	mad that after
the cha	inge or changes are made, the Florida street address of the re	egisto	ered offic	ce and the	business office	of the registered
agent v	vill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the	com	ipany, it	is hereby of	confirmed that	the change(s)
the arti	eles of organization or the operating agreement of the limite	<u>:d</u> lia	bility co	mpany.	ly of as otherwi	ise provided in
1/3	# Cost	\mathcal{F}_{c}	1421	'E	Zastch typed name of sig	(*
Signa	turn of a member of authorized representative of a member	~(<i></i>	Printed or	typed name of sig	mee
provisi the obl to merc	by accept the appointment as registered agent and agree to consoft all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for it is reflect a change in the registered office address, I hereby the writing of this change.	act in rman in Ch v con	n this cap ice of my apter 60 firm thai	pacity. I fi duties, an 5, F.S. Or the limite	urther agree to ad I am familia , if this docume ad liability com	comply with the rwith and accept ent is being filed pany has been