## L17000 223538

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Busiless Littly Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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02/23/24--01012--023 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations			•
J. ZANAGA LLC			
SUBJECT:			
	Name of Limi	ted Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Regi	istered Office Chang	e and fee(s) are submitted f	or filing.
Please return all correspondence con	cerning this matter to	o the following:	
Stuart Zuckerman			
Name of Per	rson	<del></del>	
Incorporate247, Inc.			7 no.
Firm/Compa	any		· · · · · · · · · · · · · · · · · · ·
949 NW 18th Ave			7m FEB 23 F
Address			
Boca Raton, FL 33486			2: 23
City/State and Z	Zip Code	<del> </del>	
mgt@global-inter.net			
E-mail address: (to be used for	future annual report	notification)	
For further information concerning the	his matter, please ca	II:	
Stuart Zuckerman	302	386-3888	
	at (	)	
Name of Person		Area Code & Dayti	ime Telephone Number
Mailing Address:		Street Address:	
Registration Section		Registration Sect	ion
Division of Corporations		Division of Corpo	
P.O. Box 6327		The Centre of Ta	
Tallahassee, FL 32314		2415 N. Monroe Tallahassee, FL 3	Street, Suite 810
Enclosed is a check for the	following amount:		
■ \$25 Filing Fee		☐ \$55 Filing Fee & Certif	fied 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.

I. Na	ame of the limited liability company:		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	10/27/2017		70H0223538
3. 5. (a)	Date of filing/registration in Florida Registered Agent Solutions, Inc.	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of 2894 Remington Green Ln. Stc. A	the Florida De	ppt, of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	7,00 FED
	Tallahassee, F1	32308	N
(b)	Incorporate 247, Inc.		 
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 949 NW 18th Ave	d Office addre	<u>က်</u> ထ
	NEW Registered Office Address:		<del></del>
	Boca Raton, FI	33486	
change igent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered cability comp of the limited limited liab	office and the business office of the registered nany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Siona	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obt to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	performanc d for in Cha	this capacity. I further agree to comply with the ee of my duties, and I am familiar with and accept poer 605, F.S. Or, if this document is being filed

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

Signature of Registered Agent