## LIF 000254635

(Requestor's Name)			
(Address)	00		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	) 		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	R. WHITE		

Office Use Only



000361083550

03/09/21--01008--020 \*\*25.00

R. WHITE MAY 17 2021



## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Zudera Trading				
Name of Limited Lia	bility Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	llowing:			
Robert Joseph Nealo	4 Jr.			
Name of Person				
Zudera Trading LLC				
Firm/Company				
6736 Marbella Ln.	_			
Address	_			
Naples, FL 34105				
City/State and Zip Code	_			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Robert Joseph Neilon Tat (607) 242-8626				
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
\$25 Filing Fee	5 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	me of the limited liability company:	dera	Tradins LLC	
2. (a)		_ (b)		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (8)	Mailing address of limited liability con (Note: MAY BE POST OFFICE B	OX)
	6736 Markella Lu.		6736 Marbella	
	Naples, FL. 34105		Naples, FL 34	105
	1/9/21		L170002546	38
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the		· · · · · · · · · · · · · · · · · · ·	
	Registered Agent and Registered Office shown on the records of the Robert Joseph Ne			
	Registered Office Address (MUST BE FLORIDA STREET A			
	6736 Marbella L	-4		
	Naples ,FL	34	105	2021 ;
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address		\D_1
		-		D
			-	$\ddot{\circ}$
	NEW Registered Office Address: 6736 Marbella Ln.			17
	Naples .FL	3410	25	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	registered of bility compa f the limited imited liabil	office and the business office of the regi- bany, it is hereby confirmed that the char d liability company or as otherwise prov	stered nge(s) vided in
Ū	ture of a member or authorized representative of a member			
I herei provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided tly reflect a change in the registered office address, I h	re to act in to performance for in Chap ereby confir	this capacity. I further agree to comply e of my duties, and I am familiar with a pter 605, F.S. Or, if this document is bo irm that the limited liability company ha	with the nd accept eing filed us been

Signature of Registered Agent