

L180000 43388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

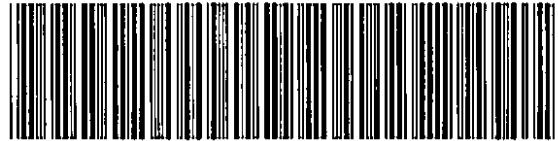
(Business Entity Name)

(Document Number)

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STATE OF MASSACHUSETTS
DEPARTMENT OF REVENUE

2013 MAY 24 P 12:59

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JUN 11 2013

T. LEVIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZAVARKA 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:

TAMARA GARBER

Name of Person

ZAVARKA LLC

Firm/Company

3533 NE 6 DRIVE

Address

BOCA RATON FL 33431

City/State and Zip Code

TGARBER7@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMARA GARBER at (646) 436-0339

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

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: ZAVARKA LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3533 NE 6 DRIVE

3533 NE 6 DRIVE

BOCA RATON FL 33431

BOCA RATON FL 33431

02/19/2018

L18000043388

3. Date of filing/registration in Florida

4. Document number

5. (a) TAMARA GARBER
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1830 S Ocean Dr Apt 4706
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Hallandale Beach FL 33009
 _____, FL _____

(b) TAMARA GARBER
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

3533 NE 6 DRIVE
NEW Registered Office Address:

BOCA RATON, FL 33431

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 2018 MAY 24 P 12:59
 TALLAHASSEE, FLORIDA

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 a member or authorized representative of a member

TAMARA GARBER
 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