3/20/2018

Division of Corporations

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artment of State

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(((H180000897053)))



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	;	REGISTERED AGENTS INC.
Account Number	;	12009000081
Phone	;	(307)200-2803
Fax Number	:	(855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 8 副 MAR 20 LLC REGISTERED AGENT CHANGE ZOPF PROPERTIES LLC [1] AH \bigcirc Certificate of Status 0 œ Certified Copy 0 5 Page Count 01 \$25.00 Estimated Charge

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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. 1	Name of the limited liability company: ZOPF F	PROPE	RTIES LLC
2. (a	FROM STAC THICKET LANE		5698 STAG THICKET LANE
	Principal office address of limited liability company: (<u>Nate: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company; (<u>Note: MAY BE POST OFFICE BOX</u>)
	PALM HARBOR, FL 34685	I	PALM HARBOR, FL 34685
		······	
		·······	
	03/05/2018	L	18000057235
3.	Date of filing/registration in Florida	4.	Document number
5. 6) ZOPF, THOMAS J, II		
	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State.
	5698 STAG THICKET LANE		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	T.G. 50
	PALM HARBOR	FL 34685	R. C.
(b	Northwest Registered Agent	t, LLC.	
•	Enter name of NEW Registered Agent and/or NEW Registe	red Office addr	ess: Point of
	3030 N. Rocky Point Dr.		REAL IS
	NEW Registered Office Address:		
	STE 150A		
	Tampa	FL_33607	·
the c agen was/ the a	e limited liability company is not organized under the hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member rticles of organization or the operating agreement of	laws of the S s of the registe d liability con rs of the limit the limited lia	ate of Florida, it is hereby confirmed that after ed office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Sig	nature of a member of a uthorized representative of a member	141019	Printed or typed name of signee
поц	reby accept the appointment as registered agent and isions of all statutes relative to the proper and compl bligations of my position as registered agent as prov prely reflect a change in the registered office address ied in writing this change. Charge Glover - Assist nure of Registered Agent		

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