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## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	MAYS 22, LLC		
		Name of Limited Lia	ability Company
Dear Sir o	r Madam:		
The enclos	ed Registered Agent/Registered	Office Change and f	See(s) are submitted for filing.
Please retu	rn all correspondence concerning	g this matter to the f	ollowing:
Stuart Yadg	garoff		
	Name of Person		_
Mays 22, L	I.C		
	Firm/Company		_
10404 Nw 5	53rd Street		
	Address		
Sunrise, Fl.	33351		
	City/State and Zip Coo	ie	<del></del>
sales@light	nupfl.com		
E-ma	il address: (to be used for future	annual report notific	cation)
For further	information concerning this mat	tter, please call:	
Stuart Yadg	garoff	954 at (	797-7778
	Name of Person	, a. (	Area Code & Daytime Telephone Number
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the follow	ing amount:	
×	\$25 Filing Fee	□ \$5	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.

I. Na	ame of the limited liability company: Mays 22, LLC		
2. <b>(a)</b>	10410 Nw 53rd St Sunrise, Fl. 33351	(b) same	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida		2312  Document number
	Mig Services LL	<b>4</b> .	Bocument number
5. (a)	Registered Agent and Registered Office shown on the records of the Cozen  Registered Office Address (MUST BE FLORIDA STREET A)  7284 W Palmetto Park Rd Suite 101		F 11_ )22 HAR 21
	Boca Raton,	33433	
	Enter name of NEW Registered Agent and/or NEW Registered C  Stuart Yadgaroff  NEW Registered Office Address:	Office address:	
	10401 Nw 53rd Street		
	Sunrise, FL	33351	
change agent v was/we the arti Signa I here provisi the obli to mere	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of a member of all statutes relative to the proper and complete polications of my position as registered agent as provided of the reflection change in the registered office address, I held in writing of this change.	egistered office oility company, it the limited liability company control of the limited liability control of the liabilit	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  The panted or typed name of signee apacity. I further agree to comply with the new duties, and I am familiar with and accent

## 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.	Νί	ame of the limited liability company: Zen Line Design	n, LLC			
2.	(a)	10410 Nw 53rd St Sunrise, Fl. 33351		(b)	same	
	(/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
				L	.80000224	913
3.		Date of filing/registration in Florida	4.	_	· <del>-</del> .	Document number
5.	(a)	MLG SERVICES LLC				
		Registered Agent and Registered Office shown on the records of Cozen	of the Flo	orida I	Dept. of Sta	te:
		Registered Office Address (MUST BE FLORIDA STREE	T ADDR	ESS)		_
		7284 W Palmetto Park Rd Suite 101				_
		Boca Raton, , I	FL	3 ———		<del></del>
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Stuart Yadgaroff	ed Office	e add	ress:	
		NEW Registered Office Address:				_
		10401 Nw 53rd Street		_		_
		Sunrise, I	FL3335	1		<u> </u>
cha age was	nge nt w s/we	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the	he regis liability s of the re limite	tereo / con limi ed lia	I office at npany, it ted liabili ability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
		ure of a member or authorized epresentative of a member	_	7.	TURR	Printed or typed name of signee
		<i>U</i>				ten en ekkenne en mæree
pro the to i	visio obli nere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid by reflectfu change in the registered office address. I in writing of this change.	gree to te perfo led for l Lhereb	act t rmai in Ci y coi	n this cap nce of my hapter 60 nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sig	กลเก	e of Registered Agent (L				