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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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NOV 27 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2018

JUSTIN R. ZINZOW  
8750 HAWBUCK STREET  
TRINITY, FL 34655-5364

SUBJECT: ZOFFICE, LLC  
Ref. Number: L18000075966

We have received your document for ZOFFICE, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 618A00020317

2018 NOV 27 PM 3:56

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZOFFICE, 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:

Justin R. Zinzow

\_\_\_\_\_  
Name of Person

Zinzow Law, LLC

\_\_\_\_\_  
Firm/Company

8750 Hawbuck Street

\_\_\_\_\_  
Address

Trinity, FL 34655-5364

\_\_\_\_\_  
City/State and Zip Code

jzinzow@zinzowlaw.com

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

For further information concerning this matter, please call:

Justin R. Zinzow

727

787-3121

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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2018 NOV 27 PM 3:56  
TALLAHASSEE, FL

**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: ZOFFICE, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8750 Hawbuck Street

Trinity, FL 34655-5364

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

8750 Hawbuck Street

Trinity, FL 34655-5364

03/23/2018

3. Date of filing/registration in Florida

L1800075966

4.

Document number

L18000075966

5. (a) Zinzow Law, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

35111 U.S. Highway 19 North, Suite 302

Palm Harbor, FL 34684

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

8750 Hawbuck Street

Trinity, FL 34655-5364

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

Justin R. Zinzow, AMBR

Printed or typed name of signer

*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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00