## L18000093867

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O OTTAKONE

## COVER LETTER ;

Division of Corporations			
SUBJECT: Zelos 1 LLC			
SUBJECT: Zelus 1 LLC Name of	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Andrew Leeds Name of Person			
Name of Person			
Zelvs 1 LLC Firm/Company			
Firm/Company			
5981SW 8512 St Address			
Miami, FL 33143  City/State and Zip Code			
City/State and Zip Code			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, plea	ase call:		
Andraw Leeds a	Area Code & Daytime Telephone Number		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section		
Registration Section Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	☐ \$55 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	me of the limited liability company: _	Zelus 1 L	LC		
	Principal office address of limited liab	lity company:	**/	NE 167 <sup>th</sup> ST	oility company:
	(Note: MUST BE STREET AD STE 306	DRESS)	STE	(Note: MAY BE POST OF	FICE BUX
	North Miani Boach	, FL 33162	North	Miami Beach	, H 33162
	11/10/11/11		4.4	L180000938	67
3.	9/13/2018 Date of filing/registration in I	Florida 4.	9/1	Document number	
	<b>5 5</b>		c DA		
5. (a)	KLEINFELD LEGA Registered Agent and Registered Office shows				
	801 NE 167" ST		·		
	Registered Office Address (MUST BE FL	ORIDA STREET ADDRES	<u>(S)</u>	_	
	STE 306				څ
	North Miami Beach	pr 32	1102	_	
	140114 1 Wall Dack	, FL	,, , , , ,	_	*
(b)		<del></del>	<del> </del>	<del></del>	 
	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office a	<u>ddress</u> :		
	5981 SW 85th	S+			
	NEW Registered Office Address:	3,	<del> </del>	<del>_</del>	5
				_	
	Miami.	, FL_331	43	_	
If the li	mited liability company is not organize	ed under the laws of th	e State of Fl	lorida, it is hereby confir	ned that after
the cha	nge or changes are made, the Florida s vill be identical. Or, in the case of a Fl	treet address of the reg	istered offic	e and the business office	of the registered
was/wc	ere authorized by an affirmative vote of cles of organization or the operating ag	the members of the lir	nited liabilit	ty company or as otherwi	
ine arti	cies of organization of the operating as	deficit of the finaled			
Signat	ure of a member or authorized representative o	f a member	Indre	W Leeds Printed or typed name of sig	nee
provisi the obli to merc	by accept the appointment as registered ons of all statutes relative to the prope igations of my position as registered as Iv reflect a change in the registered of I in writing of this change.	d agent and agree to ac r and complete perforn gent as provided for in Jice address, I hereby a	et in this cap nance of my Chapter 60, confirm that	oacity. I further agree to duties, and I am familian 5, F.S. Or, if this docume the limited liability com	comply with the with and accept ent is being filed pany has been
Signatur	re of Registered Agent	•			
. rigitatu			an		
	Division of Corpor	rations• P.O. Box 632 FILING FEE: \$2:		ssee, FL 32314	