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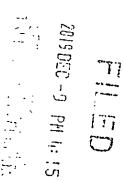
	(Requestor's Name)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UF	P WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Transworld Consortium Lim	ited Liability	Company
0000		ne of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	e following:
Dena	La Porta		
	Name of Person		
ZenB	susiness		
	Firm/Company		
702 5	San Antonio Street, 4th Floor		
	Address		_
Austi	n, TX 78701		
	City/State and Zip Code		_
dena	@zenbusiness.com		
F	-mail address: (to be used for future ann	mal report not	ification)
For fur	ther information concerning this matter.	please call:	
Dena	La Porta	512	237-7349
	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	R D P.	IAILING ADDRESS: egistration Section livision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee		855 Filing Fee & Certified Copy
INHST	8 (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.

	me of the limited liability company: Transword 901 Northwest 16th Terrace		(b) 901 Northwest 16th Terrace					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b		Mailing address of (Note: MAY BE	limited 1	iability co		
	Boca Raton, FL 33486	_	Boca Ra	aton, FL 3348	36			
	05/01/2018		L180001	09794				
3.	Date of filing/registration in Florida	4.		Document nun	nber			
5. (a)	ZB Agents LLC							
, ,	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	- e: -				
	Registered Office Address	<u>T ADDRESS</u>	<u> </u>	_				
	Tallahassee	FL_32301		_	 .	~ .		
(b)	Registered Agents Inc.				<u> </u>	2219 DEC		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	iress:	-		EC -9		
	NEW Registered Office Address:		·	_	<u> </u>			
	7901 4th St N, Suite 300			_	VOLTE SELECTION	:: :5	وب	
	St. Petersburg	_{FL} 33702				٠,		
the cha agent w was/wo	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co s of the lim he limited l	stered officempany, it is ited liabilit	e and the busing s hereby confir y company or a npany.	ess offices	ce of the	e registered iange(s)	
Signat	ure of a member or authorized representative of a member			Printed or typed	name of	signee		
I herel provisi the obli to mere nor	ov accept the appointment as registered agent and a sons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address, I in writing at this change.	igree to act te perform ded for in C I hereby co	in this cap unce of my Chapter 602 onfirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree n famili is docu ility co	to comp iar with ment is mpany i	oly with the and accep being filed has been	