

L18000 116 477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

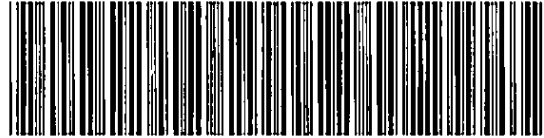
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400353089034

10/07/20--01010--002 \*\*25.00

2020 OCT 7 PM 7:15

O SIMMONS

NOV 16 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sweat Services of North Florida 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:

Ellie Kotapish

Name of Person

ZenBusiness PBC

Firm/Company

5900 Balcones Drive, Suite 5000

Address

Austin, TX 78731

City/State and Zip Code

ellie@zenbusiness.com

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

For further information concerning this matter, please call:

Ellie Kotapish

Name of Person

at ( 512 ) 237-7349

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

**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: Sweat Services of North Florida LLC

2. (a) 1911 NW 55TH TERRACE (b) 1911 NW 55TH TERRACE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

GAINESVILLE, FL 32605

GAINESVILLE, FL 32605

05/09/2018

L18000116477

3. Date of filing/registration in Florida

4. Document number

5. (a) ZB AGENTS LLC

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

(b) Registered Agents Inc.

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

NEW Registered Office Address:

7901 4th St N, Suite 300

St. Petersburg, FL 33702

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.

/s/ Klaus Sweat

Klaus Sweat, Member

Signature of a member or authorized representative of a member

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