## L18000142110

(Requestor's Name)	_			
(Address)	_			
(Address)				
(City/State/Zip/Phone #)	—			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
Certified Copies Certificates of Status	_			
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Special Instructions to Filing Officer:	}			
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Office Use Only



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## COVER LETTER

TO: Registration Section

Division of Corporations							
ESZ Internet Ventures LLC							
SUBJECT: Name of	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	itter to the	following:					
Fatalage Carra							
Esteban Serna		<u></u>					
Name of Person							
ESZ Internet Ventures							
Firm/Company		<del>_</del>					
2454 Ranier Way							
Address							
Hanford, CA 93230							
City/State and Zip Code		_					
eszinternetventures@gmail.com							
E-mail address: (to be used for future annual r	eport notifi	cation)					
For further information concerning this matter, plea	se call:						
Esteban Serna	786	571 2151					
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 amo	ount:						
□ \$25 Filing Fee	<b>□</b> \$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.

1. Na	ame of the limited liability company:	entures/	LLC	
2. (a)	111 NE 2nd Ave, Apt 301, Miami, FL 33132	(b)	111 NE 2	2nd Ave,Apt 301,Miami, FL 33132
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (1)	,\ \ \	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	06/08/2018	. <u> </u>	1800014	
3.	Date of filing/registration in Florida United States Corporation Agents, Inc	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	h a Mariata 1	No. 1 of Cint of	
	United States Corporation Agents, Inc	ne riorida i	Jept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		ne de la companya de
	13302 Winding Oak Court, Suite A	<u>1717/(1.55)</u>		
	Tampa . FL	3361	2	
(b)	Marizol Zapata  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Control</u> Marisol Zapata	Office addr	ress:	Wester Control of the
	NEW Registered Office Address:			
	111 NE 2nd Ave, Apt 301			
	Miami, FL_	33132		
the cha agent v was/we the arti Signal	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of eles of organization of the operating agreement of the lawing agreement of the lawing and the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided elyreflet a change in the registered office address. I he properly the action of this change.	the registe bility con the limit insited lia	ered office pany, it is ed liability complete the state of the state of the state of this capa	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Serma  Printed or typed name of signee  city: I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00