## 118000147751

(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:						





200315403452

07/09/18--01040--011 \*\*175.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE

CIMMONS

## COVER LETTER . . .

TO:		stration Section sion of Corporations					
SUBJE	cer.	Ozoz Enterprises LLC					
30 D3 L	LC I	Na	me of Limite	d Liability Company			
Dear Si	ir or N	fadam:					
The end	closed	Registered Agent/Registered Of	Tice Change	and fec(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:							
Ozgui	r Ure	ten					
		Name of Person					
		Firm/Company					
382 N	NE 19	1st Street #31084					
		Address					
Miam	i FL	33179					
		City/State and Zip Code					
clearr	ivera	ssociates@gmail.com					
E	-mail	address: (to be used for future ar	mual report r	otilication)			
For fur	ther in	nformation concerning this matte	r, please call				
Ozgur	r Ure	ten	201	741-4784			
		Name of Person		Area Code & Daytime Telephone Number			
	Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314			

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

## 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	une of the limited liability company: Ozoz Enterpris	ses LL	C				
7	(a)	Ozoz Enterprises LLC	(b	Ozoz Enterorigos III C				
	,,,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ \"	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		1504 Bay Road #1621		1504 Bay Road #1621				
		Miami Beach, FL 33139	_	Miami Beach, FL 33139				
		06/15/2018		L18000147751				
3		Date of filing/registration in Florida	4.	Document number				
5.	(a)	Timothy Hartmann		•				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		Registered Office Address (MUST BE FLORIDA STREET A 382 NE 19th Street #31084  Miami	<i>DDRESS</i> 33179					
	(b)	Ozgur Ureten	Irens					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	dress.					
		NEW Registered Office Address:						
		382 NE 19th Street #31084						
		Miami . FL	33179					
the ag wa	e cha ent v is/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	the regis bility co the limi imited li	stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in				
_	Signal	are of a member or authorized representative of a member		Printed or typed name of signee				
pr	ovisi	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my provision as registered agent as provided by rathers a Shanna in the registered acting address. I be	verformo	ance of my duties, and I am familiar with and accept-				

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

notified in writing of this change.

Hite of Registered Agent