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SECRETARY OF STATE

JQ 09/30/20

COVER LETTER

TO:	Registration Section Division of Corporations		•			
	MZR LLC					
SUBJ	ECT:					
		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concernin	g this matter to th	ne following:			
Zoltar	Mihalyi					
	Name of Person					
MZR	LLC					
	Firm/Company					
157 C	oosaw Ct					
	Address					
St. Jol	nns FL 32259					
	City/State and Zip Coo					
mihze	li@yahoo.com					
	E-mail address: (to be used for future	annual report no	tification)			
For fu	rther information concerning this ma	tter, please call:				
Zoltar	Mihalyi	917	9355720			
	21.	at (
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee	٥	\$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.

157 Coosaw Ct, St. johns Fl 32259 157 Coosaw Ct, St. johns Fl 32259	i No	MZR LLC				
(Nate: MAY BE POST OFFICE BOX) (Nate: MAY BE POST OF STATE (Nate: May Box Of State: United State: Nate: United State: United Sta						
S. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: UNITED STATES CONTRACTION AGENTS, INC. SYSTS SENDORAN BLVD STATES. CONTRACTOR AGENTS. Inited States Corporation Agents, Inc. SSYS S. Semoran Blvd State 36 Orlando SERVE CONTRACTOR AGENTS, INC. SSYSTS S. Semoran Blvd State 36 Orlando FL. Zoltan Mihalyi NEW Registered Office Address: 157 Coosaw Ct. St. Johns SERVE STATES CONTRACTOR AGENTS AGEN	2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·//	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: UNITED STATES CONFORATION AGENTS, INC. 5575 S. SEMORAN BLYD SUITE WORLANDO, BLJDGE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Inited States Corporation Agents, Inc. 5575 S. Semoran Blvd Suite 36 Orlando 32822 FL Orlando SEW Registered Office Address: Lotter name of NEW Registered Agent and/or NEW Registered Office address: St. Johns St. Johns 32259 FL f 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 gent 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 he articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized epresentative of a member Printed or typed name of signee Printed in the Rigister of the Printed liability company is high and ache obligations of my position as registered agent and complete performance of my duties, and I am familiar with and ache obligations of my position as registered agent and registered office and typed liability company has be		06/18/2018	_	L1800014	8837	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	3.	Date of filing/registration in Florida	4.		Document number	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Inited States Corporation Agents, Inc. 5575 8. Semoran Blvd Suite 36 Orlando 32822 FI. Enter name of NEW Registered Agent and/or NEW Registered Office address: 157 Coosaw Ct. St. Johns FI. St. Johns 32259 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after thange or changes are made, the Florida street address of the registered office and the business office of the registered until be identical. Or, in the case of a Florida limited liability company or as otherwise provided he articles of organization or the operating agreement of the limited liability company or as otherwise provided he articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I here by accept the appointment as registered agent and complete performance of my duties, and I am familiar with and ache obligations of my position as registered agent as provided professionals of my position as registered agent as provided professions of some of the profession of some of the proper and complete performance of my duties, and I am familiar with and ache obligations of my position as registered agent as provided prince address. Thereby confirm that the intented liability company has been amended to mercely reflect a change in the registered office address. Thereby confirm that the intented liability company has been amended to the confirmation of the limited liability company has been confirmed that the change of the registered office address. Thereby confirm that the intented liability company has been confirmed that the change of the registered office address. Thereby confirm that the intented liability company has been confirmed that the change of the registered office address. Thereby confirm that the intented liability company has been confirmed that the change of the registered office address. Thereby confirm that the	5. (a)				_	
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