

L18000 148837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

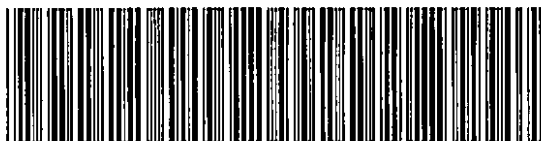
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/30/20

COVER LETTER

TO: Registration Section
Division of Corporations

MZR LLC

SUBJECT: _____
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:

Zoltan Mihalyi

Name of Person

MZR LLC

Firm/Company

157 Coosaw Ct

Address

St. Johns Fl. 32259

City/State and Zip Code

mihzoli@yahoo.com

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

For further information concerning this matter, please call:

Zoltan Mihalvi	917	9355720
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at (_____)

Name of Person

Area Code & Daytime Telephone Number


Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

MZR LLC

1. Name of the limited liability company: 157 Coosaw Ct. St. Johns Fl 32259 157 Coosaw Ct. St. Johns Fl 32259
2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 06/18/2018 L18000148837
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC. 5575 S. SEMORAN BLVD SUITE 36 ORLANDO, FL 32822

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
United States Corporation Agents, Inc. 5575 S. Semoran Blvd Suite 36

Orlando 32822
FL

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Zoltan Mihalyi

NEW Registered Office Address:
157 Coosaw Ct.

St. Johns 32259
FL

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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.

Zoltan Mihalyi

Signature of a member or authorized representative of a member

Printed or typed name of signee

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