

L18000226073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

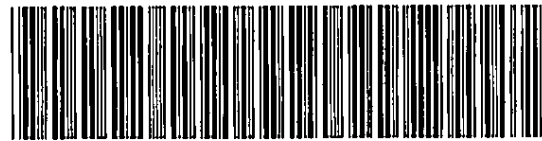
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZEST COMPUTING 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:

MARK ZVILIUS

Name of Person

ZEST COMPUTING LLC

Firm/Company

908 COCONUT DR

Address

FORT LAUDERDALE FL 33315

City/State and Zip Code

mark.zvilius@zest-computing.com

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

For further information concerning this matter, please call:

MARK ZVILIUS

408

313-5292

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

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**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: ZEST COMPUTING LLC

2. (a) 908 COCONUT DR (b) 908 COCONUT DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

FORT LAUDERDALE FL 33315

FORT LAUDERDALE FL 33315

9/24/2018

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3. Date of filing/registration in Florida 4. Document number

5. (a) MARK ZVILIUS

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

2493 ANDROS LN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT LAUDERDALE, FL ~~33315~~ 33312

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

908 COCONUT DR

NEW Registered Office Address:

FORT LAUDERDALE, FL 33315

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.

Mark Zvilius
Signature of a member or authorized representative of a member

MARK ZVILIUS

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.

Mark Zvilius
Signature of Registered Agent

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

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2020 JUL -6 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FL