118000260078

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
<u> </u>	ocument Number)	
(00	oument (vomber)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600321077366

11/26/18--01035--021 **25.00

F1LED

18 NOV 26 PH 12: 06

SHATELES HILLIANDA

K. SAI V DEC -4 2018

COVER LETTER

Division of Corporations	
SUBJECT: ZIA ROSE	LLC
Na	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
CojiNA Hall Name of Person	
Zia Rose Firm/Company	
//6/2 163 PG N. Address	<u></u>
Tupiter H 33; City/State and Zip Code	478
9/Na @ ZIAros E. Com E-mail address: (to be used for future ar	mual report notification)
For further information concerning this matte	r, please call:
Coins Hall	at (56/) 262-9963
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	ng amount:
Ø \$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

1. Na	me of the limited liability company: Lin Kose Ll 11612 163 PLN Jupiter 2 33426) Principal affice address of limited liability company:	SAME
z. (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)
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	United STATES Corp. Agents, TNC Registered Agent and Registered Office shown on the records of the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	13302 WINDING OAK CT # 12	
(b)	Find the second of NEW Registered Agent and/or NEW Registered Office address:	JV 28
	Colva Hall NEW Registered Office Address:	PHIZ: 06
	11612 163 Pc. N.	
	Jupiter	<u>-</u>
the cha agent v was/we	imited liability company is not organized under the laws of the State of ange or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company, ere authorized by an affirmative vote of the members of the limited liab icles of organization or the operating agreement of the limited liability of	fice and the business office of the registered it is hereby confirmed that the change(s) filty company or as otherwise provided in company.
_&	CHALL Com	Printed or typed name of signee
-		
provisi the obl to meg	by accept the appointment as registered agent and agree to act in this of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapter ely reflect a change in the registered office address. I hereby confirm the in writing of this change.	capacity, 1 juriner agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

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