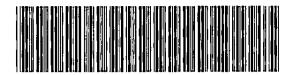
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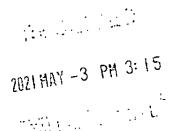
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2021

CHET ZANIEFSKI 2ND ATTEMPT 1331 SEAGATE DR, #304 PALM HARBOR, FL 34683

SUBJECT: ZEUS MOVING LLC Ref. Number: L18000291409

We have received your document for ZEUS MOVING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00006234

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2021

CHET ZANIEFSKI 2432 CLUBSIDE CT PALM HARBOR, FL 34683

SUBJECT: ZEUS MOVING LLC Ref. Number: L18000291409

We have received your document for ZEUS MOVING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00003859

Octavia L Simmons
Regulatory Specialist II Supervisor

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Zeus moving 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 i	matter to the following:
Chester Zaniefski	
Chester Zaniefski. Name of Person	
Zeus movina LLC	
Zeus moving UC Firm/Company	
1331 Seugate dr Apt 30	ч
Address	
Palm harbor FL 346. City/State and Zip Code	85
City/State and Zip Code	
Zeusmoving LLCQ Gameil Co	m
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	ease call:
Chet	at (727 ) 492-9034
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 following ar	mount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## TATEMENT 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	1.6.	
1. Name of the limit	ed liability company: _	Zeus Wi	oving L		
2. (a)		<u> </u>	(b) <u>1331</u>	Seagate Dr	ited liability company:
	office address of limited liab te: MUST BE STREET AD		•		OST OFFICE BOX)
1331 se	agate or Apt	304	Palm	hurbor FL	24685
	arbor FL 3460				
4/1/21			L180	0029140	9
	of filing/registration in l	Florida 4	<del></del> .	Document number	21
5. (a) United (	States Corpore	ation Agent	S, INC.	_	
Registered Agent	and Registered Office shows	n on the records of the I	florida Dept. of Stat		
13302	winding oak	court A T	Ampa FL	- 3 2613	
Registered Offic	e Address MUST BE FL	<u>ORIDA STREET ADD</u>	<u>ORESS)</u>		EZZI HAY
				<del>_</del>	,
		E			. 1
		, FL	-	_	ω
(b) Chaster	Zaniefski				<b>A</b>
Enter name of N	EW Registered Agent and/o	r <u>NEW Registered Off</u>	ice addr <u>ess</u> :	<del></del>	<del>باب</del> د
					" —
1331	Seugate dr	Apt 304 D	alm harbor		
NEW Registere	d Office Address:	,			
FL 3	<b>4685</b>			_	
		, FL		_	
change or changes are agent will be identical wardware authorized.	company is not organize made, the Florida streat. Or, in the case of a F by an affirmative vote cation or the operating a	et address of the reg Torida limited liabil of the members of the	ity company, it in the limited liability control in the limited liability control in the liabili	is hereby confirme ty company or as e npany.	otherwise provided in
			Chester	Printed or typed na	
	or authorized representative				
provisions of all state the obligations of my to merely reflect a ch notified in writing of	ma mage.	ed agent and agree er and complete per igent as provided fo office address, I her	to act in this cap formance of my or in Chapter 60, eby confirm that	acity. I further as duties, and I am f 5, F.S. Or, if this the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Signature of Registered	Agent				