4/1/2019



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(((H190001068113)))



H190001068113ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC REGISTERED AGENT CHANGE **ZGF 3045 LLC**

Certificate of Status	0
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123 - C :

S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ZGF 3045 LLC				
		ie of Limited Li	ability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	is matter to the	following:		
Chey	venne Moseley				
	Name of Person		_		
Lega	Izoom.com, Inc.				
	Firm/Company		_		
101 !	N. Brand Blvd., 10th Floor				
	Address		_		
Glen	dale, CA 91203				
	City/State and Zip Code		_		
)petroandco.com				
I	E-mail address: (to be used for future and	nual report notif	cation)		
For fu	rther information concerning this matter,	please call:			
Chey	renne Moseley	800	773-0888 ext 9724		
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations), Box 6327 llahassee, Florida 32314		
Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	₽ \$:	5 Filing Fee & Certified Copy		
INHSI	8 (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

1	Na	me of the limited hability company: ZGF 3045 LLC		<u></u>				
2.	(a)	1600 SW 33RD COURT	(b) 1600 SW 33RD COURT					
	\- /	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_ *-		Mailing address of l (Note: MAYBE	limited lia	-	
		FORT LAUDERDALE, FL 33315	_	FORT L	AUDERDALE	FL 3	3315	
		02/08/2019		L1900003	39684			
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	SIMANE, BRITTANY			_			
	(-/	Registered Agent and Registered Office shown on the records of the	e Florida	Dept of State	:			
		1600 SW 33RD COURT						
		Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS</u>	1			20	
					-		19/	
		FORT LAUDERDALE ,FL	33315				2019 APR -	-17
	(b)	UNITED STATES CORPORATION AGENTS, INC.		•	IALLAHASSÉ			
		Enter name of NEW Registered Agent and/or NEW Registered C	Office ado	iress		m.	AM IO:	وسحي)
		13302 WINDING OAK COURT, SUITE A				<u> </u>): 04	
		NEW Registered Office Address						
					-			
		TAMPA ,FL	33612					
the age	cha nt w s/we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of sees of organization or the aperating agreement of the liab	the regise bility contains the limited l	stered office impany, it is ited liability iability con	e and the busine s hereby confirm y company or as apany.	ss officenced that	e of the the cha	registered ange(s)
	<u>]</u>	ure of a member or authorized representative of a member	BHI	ITTANY S	Printed or typed n	anie of si	onec	
I h pro the to r not	erek visio obli nere ified	ov accept the appointment as registered agent and agree of a fill statutes relative to the proper and complete progrations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete provided by reflect a change in the registered office address, I have the property of this change. CHEYENNE MOSELEY, ASSISTANT SECRETARY STATES CORPORATION AGENTS, INC.	erforma for in C ereby co	ance of my of hapter 605 Inapter 605 Infirm that	acity I further i	noree to	- comol	y with the and accept seing filed as been