119000246847

(R€	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(BL	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
•	_	
Special Instructions to	Filing Officer:	

Office Use Only



200395007392

09/26/22~-01010--021 **25.00

2022 SEP 26 AM II: 58

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RZJBT L Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Randy Kopp Name of Person	
Firm/Company	
6870 Del Mar Ter	
6870 Del Mar Ter Address	
Naples FL 3410. City/State and Zip Code	5
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
Randy KOPP 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 amo	unt:
\$25 Filing Fee	S55 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.

1. Name of the limited liability company:	LC
2. (a) 6876 Del mar Terr (b) (0870 Tel Mar Terr
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Naples FL 34105 N	Caples FC 34105
	•
10/1/2019	19000246847
3. Date of filing/registration in Florida 4.	Document number
5. (a) Zen Business	
Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2022
Su. te 301	SEP TE
Tallahasser FL FL32301	HA 26
(b) Randy Kopp	SSERIAL S
Enter name of NEW Registered Agent and/or NEW Registered Office address:	- 5
6870 Del Mar Ter	
NEW Registered Office Address.	
Naples FL 34105	<u></u>
, Fl	
If the limited liability company is not organized under the laws of the State of change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, was/were authorized by an affirmative vote of the members of the limited liability of the articles of organization or the operating agreement of the limited liability of the articles of organization or the operating agreement of the limited liability of the street of the street of the limited liability of the street of the street of the limited liability of the street o	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Signature of a monther soluthorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this convisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address. I hereby confirm the notified in writing of this change.	rapacity. I further agree to comply with the my duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed hat the limited liability company has been
Signature of Registered Jeen	
Anguanne of registered areas	