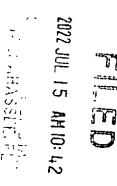
## L19000256111

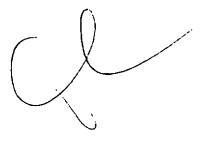
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





600390683526





## COVER LETTER

Division of Corporations		•	1	
SUBJECT: A TO Z DEVELOPMENT	S AND MARKE	TING AGENCY L.L.C.		
	Name of Limited I	.iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for fili	ng.	
Please return all correspondence concernin	g this matter to the	following:		
Melissa Jones				
Name of Person		- <u></u>		
ZenBusiness Inc.				
Firm/Company			. 20	
336 E. College Ave. Suite 301			2022 JUL 15 AH 10: 42	<u></u> j
Address		<del></del>	· 15	
Tallahassee, FL 32301			SS A	
City/State and Zip Coo	te			<b>*</b>
ra@zenbusiness com			~	
E-mail address: (to be used for future	annual report noti:	fication)		
For further information concerning this ma	tter, please call:			
Melissa Jones	844 at (	493-6249		
Name of Person		Area Code & Daytime To	elephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t. Suite 810	
Enclosed is a check for the follow	ring amount:			
□ \$25 Filing Fee	□ s	55 Filing Fee & Certified C	ору	

INHS18 (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.

l.	Nam	e of the limited liability company: A TO Z DEVEL	.OPM	ENTS A	ND MARKETIN	IG AGE	ENCY	L.L.C.
2. (	"	911 SW 1ST TERRACE	<sub>(b)</sub> 911 SW 1ST TERRACE					
(	<del>-</del> / _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (	-,	Mailing address of (Note: MAY BE	limited li	ability co	опрапу.
	(	CAPE CORAL, FL 33991		CAP	E CORAL	, FL (	3399	91
	_	·	<b>-</b>			·		
	1	10/11/2019		L1900	00256111			
3.		Date of filing/registration in Florida	4.		Document num	nber		
5. (	(a) _	Registered Agents Inc.						
	R	egistered Agent and Registered Office shown on the records of th 7901 4th St N	e Florid	a Dept. of St	ate:			
	- R	Registered Office Address (MUST BE FLORIDA STREET AND	DDRES	S)	<del></del>	,	~	
		STE 300			_	 r -	1022 JUL	
	9	St. Petersburg , FL	3702		_		<u>⊩</u> 15	. <u></u>
(1	<b>b</b> ) <b>Z</b>	enBusiness Inc				AHASSEE	AH 10:	n
•	E	nter name of NEW Registered Agent and/or NEW Registered C	office a	ldress:	<del></del>	(1) (2) (2) (2)	<u>.</u>	
	3	336 E. College Ave.				, TT 1	42	
	2	NEW Registered Office Address:		<u>-</u>	<del>_</del>			
	-	Suite 301			_			
	7	Tallahassee , FL	2301					
Signature of the control of the cont	manus mereby preservition mereby mere	inted liability company is not organized under the laws or changes are made, the Florida street address of the reliable identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of es of organization or the operating agreement of the limited Barefield  The of a member or authorized representative of a member of accept the appointment as registered agent and agree as of all statutes relative to the proper and complete particles of any position as registered agent as provided or reflect a change in the registered office address, I he in writing of this change.	egister ility co the lin mited Ar	ed office a company, it nited liability condre Ba	nd the business of is hereby confirmity company or as impany.  refield  Printed or typed and and and and and and and and and an	office of ned that s otherw	the reg the charise pro	istered ange(s) ovided in