49000261260

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
4085				
wrong form				
Office Use Only				



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SECRETARY OF STUE

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D CUSHING

COVER LETTER

- 4

TO: Amendment Section Division of Corporations

SUBJECT: Fuzen LLC Name of Corporation

DOCUMENT NUMBER:_____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Venghaus			
Name of Contact Person			
Fuzen LLC			
Firm/Company			
3510 Clay St			
Address	دن 111	2021 MAY	
Tampa/FL 33605			~ [T]
City/State and Zip Code	2-5	A Y	475.8 - 4
fuzenfu@gmail.com		0	i i
E-mail address: (to be used for future annual report notification)		ЧЧ	
	-11 من 11		
For further information concerning this matter, please call:		9: 06	
Paul Venghaus at (727) 271-1140)		
Name of Contact Person Area Code & Davtim	e Telephone	: Numb	ber

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations350ML

April 13, 2021

PAUL VENGHAUS FUZEN LLC 3510 CLAY ST TAMPA, FL 33605

,

SUBJECT: FUZEN LLC Ref. Number: L19000261260

We have received your document for FUZEN 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 Corporation, but your entity is a Limited Liability Company. 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.

Diane Cushing Senior Section Administrator

Letter Number: 921A00007618

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 liability company: Fuze	in LLC
	3510 Clay St., Tamp, F1 33605(b)	
2. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	iolsolia	<i>[1000361360</i>
3.	Date of filing/registration in Florida 4.	Document number
5 (a)	1 eggling Corporate Services	/ 2
5. (a)	Legalinc Corporate Services Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:
	5237 Summerlin Commons Blud	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	STE YUU	3. 20
	Fort Myers, FL 33	907
	5	
(b)	Paul Venghaus	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office add</u>	
	3510 Clay St.	
	NEW Registered Office Address:	m o n
		0.5
If the l	imited liability company is not organized under the laws of the S	State of Florida, it is hereby confirmed that after the
change agent v was/we	e or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability con- ere authorized by an affirmative vote of the members of the limi- icles of organization or the operating agreement of the limited liability limited	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	ture of a member or authorized representative of a member	Printed or typed name of higher
		i initia el typed name elanghee
provisi the obi to mer notifie	by accept the appointment as registered agent and agree to act is ions of all statutes relative to the proper and complete performa ligations of my position as registered agent as provided for in Ci ely reflect a change in the registered office address, I hereby con d in writing of this change.	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signatu	ire of Registered Agent	

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