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Account#: 120000000088
If there are any issues please contact Patrice at 850-202-9071

Date:08/19/2024						
Name: Patrice Rush						
Reference #:						
Entity Name: ZELTSER ENGINEERING, LLC						
 Articles of Incorporation/Authorization to Transact Business Amendment 						
✓ Change of Agent						
☐ Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
Other						
Authorized Amount: \$25.00						
Signature:						

F: +852.2682.9790

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.

Name of the limited liability company:			ZELTSER ENGINEERING, LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			no change ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	7/9/2019 Date of filing/registration in Florida	_ _ 4.		L19000176886 Document number	
_	7ELTOED MIKUALI	••			
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	!		
	2908 W. EUCLID AVE.			, 53	
	TAMPA , FL	33	3629	22	
	Cogency Global Inc.	() AT		FILED 2024 AUG 20 PH 12: 09 TÄLLAHÄSSEE FLÖRIG	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun Street, Suite 4			ED ED	
	NEW Registered Office Address:			: 09 08/04	
	Tallahassee, FL_	32	2301		
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regis bility co f the lim	tered office : mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	/s/ David Redden			David Redden	
_	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	eby accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I h ed in writing of this change	performa I for in C	ince of my di 'hapter 605,	uties, and I am familiar with and accep F.S. Or, if this document is being filea	
	/s/ Michael Carlisle				

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

Michael Carlisle, Assistant Secretary

Signature of Registered Agent