

L20000014029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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FILED  
2024 MAR 18 AM 9:30  
TALLAHASSEE, FLORIDA

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**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 3/18 Glinda

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING RA change amendment

1. CZY VENTURES, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: CZY Ventures, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

~~1000 Kennesaw Blvd~~ 100 Bluegrass Commons Blvd. ~~1000 Kennesaw Blvd~~ 100 Bluegrass Commons Blvd.  
~~Gallatin, TN 37066~~ Ste 200 ~~Gallatin, TN 37066~~ Ste 200  
 Hendersonville, TN 37075  Hendersonville, TN 37075

01/21/2020 \_\_\_\_\_ L20000014029 \_\_\_\_\_  
 3. Date of filing/registration in Florida 4. Document number

5. (a) Researcher's Associates, Inc  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
633 Timberlane Road  
Tallahassee, FL 32312

(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Mary L Gay  
**NEW Registered Office Address:**  
633 Timberlane Road  
Tallahassee, FL 32312

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 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lisa H. Boyer \_\_\_\_\_ Lisa H. Boyer \_\_\_\_\_  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Mary L Gay \_\_\_\_\_  
 Signature of Registered Agent

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