

120000 111 066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

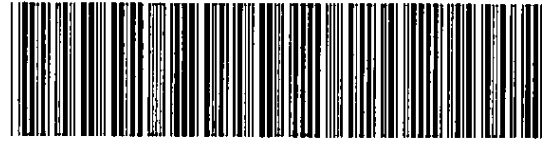
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/03/21--01030--017 **25.00

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2021 DEC -6 AM 11:33
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

DEC 07 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC -6 AM 8:08

November 22, 2021

Z&N AUTO REPAIR LLC
100 SEMINOLA BLVD
CASSELBERRY, FL 32707

SUBJECT: Z&N AUTO REPAIR LLC
Ref. Number: L20000111066

We have received your document for Z&N AUTO REPAIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 621A00028298

**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: Z&N Auto Repair LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>100 Seminola Blvd.</u> <u>Casselberry, FL 32707</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>100 Seminola Blvd.</u> <u>Casselberry, FL 32707</u>
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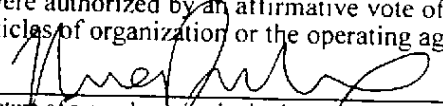
3. <u>04/23/2020</u> Date of filing/registration in Florida	4. <u>L20000111066</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Nicole Dickson
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2605 Iroquois Ave
Sanford, FL 32773

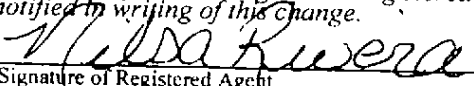
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TALLAHASSEE, FL
CLERK OF STATE

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Nilsa Rivera
NEW Registered Office Address:
100 Seminola Blvd.
Casselberry, FL 32707

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.

 _____ Signature of a member or authorized representative of a member	<u>Nicole Dickson</u> _____ Printed or typed name of signee
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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.



Signature of Registered Agent