## 12000157246

(Requestor's Name)						
(Address)						
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,						
(0) (0) (0)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
,						
Cartificate Carias Contiliantes of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•	•			
SUBJI	ECT: 3Z'S CLEANING SOLUT	TIONS LLC					
		Name of Limite	d Liability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	Office Change a	and fee(s) are submitted for fil	ling.			
	return all correspondence concernin	•					
ricase	return an correspondence concerum	g tills illætter to t	me following.				
Melis	sa Jones						
	Name of Person						
ZenBu	siness Inc.			202			
	Firm/Company			2 يال	الآس.		
336 E.	College Ave. Suite 301			2022 JUL 1.1 AM 10: 09	orizani ranst		
	Address		<del></del>	ें राज्य <b>व्य</b>	1		
Tallah	assee, FL 32301						
	· 	<b>3</b> _		F1:			
	City/State and Zip Co	de					
	nbusiness com						
Ī	-mail address: (to be used for future	annual report n	otification)				
For fu	ther information concerning this ma	tter, please call:					
Meli	ssa Jones	844	493-6249				
	Name of Person	at (	)Area Code & Daytime T	Celephone Number			
	THE STATE OF THE S		The contact buyants	, cooperation			
	Mailing Address:		Street Address:				
Registration Section Division of Corporations P.O. Box 6327		<b>—</b>	Registration Section				
		Division of Corporations The Centre of Tallahassee					
	Enclosed is a check for the follow	ving amount:					
	□ \$25 Filing Fee		\$55 Filing Fee & Certified (	Сору			
INHS1	B (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.

1. N	ame of the limited liability company: 3Z'S CLE	ANII	NG SOI	LUTIONS LLC	
2. (a)	1440 CORAL RIDGE DRIVE		<sub>(b)</sub> 1440 CORAL RIDGE DRIVE		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	,	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	#131		#131		
	CORAL SPRINGS, FL 33071	_	COR	AL SPRINGS, FL 33071	
	06/08/2020	_	L2000	0157246	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agents Inc.			_	
` ,	Registered Agent and Registered Office shown on the records of 7901 4th St N	the Florid	la Dept. of Stat	 	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u></u>	20	
	STE 300		· · ·	2022 JUL	
	St. Petersburg	33702		- LIMES	
(b)	ZenBusiness Inc			JE 1 ANIO: 09	
·	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	9: 0:	
	336 E. College Ave.			- <b>W</b>	
	NEW Registered Office Address:			_	
	Suite 301			_	
	Tallahassee, FL	32301		_	
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register bility co f the lir	ed office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/s/	Miguel Angel Ruiz JR	М	iguel Ang	gel Ruiz JR	
_	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have writing of this change.	ee to ac perforn I for in vereby c	t in this cap nance of my Chapter 602 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent