## L20000 247092 Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for futur
annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE ZHENED LLC

## Certificate of Status 0 Certified Copy 0 02 Page Count \$25.00 Estimated Charge

AUG 17 2021

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## 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. 3  | Name of the limited liability company: ZhenEd  | LLC   |  |
|---|--|---|--|
| 2. (a                                       | )  | (b)   |  |
|   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|   |  |   |  |
|   | 08/13/20   | L20   | 000247092  |
| 3.  | Date of filing/registration in Florida   | 4.  | Document number  |
| 5. (a                                       | UNITED STATES CORPORATION AGEN   | ITS, INC.   |  |
|   | Registered Agent and Registered Office shown on the records  | of the Florida Dept.  | of State:  |
|   | 5575 S. SEMORAN BLVD.  |   | <b>26</b>  |
|   | Registered Office Address (MUST BE FLORIDA STREE   |   |  |
|   | 36   |   | Section 1997   |
|   | ORLANDO  | FL 32822  | 76 PAR   |
| (b  | Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Register  7901 4th St N  | red Office address:   | 2021 AUG 16 AM 10: 17  |
|   | NEW Registered Office Address:   |   |  |
|   | STE 300  |   |  |
|   | St. Petersburg   | <sub>FL</sub> 33702   |  |
| the cl<br>agent<br>was/s                    | limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the Rilly Take. | of the registered<br>Hiability compan<br>is of the limited li                                       | office and the business office of the registered<br>by, it is hereby confirmed that the change(s)<br>hability company or as otherwise provided in<br>ty company. |
| Sign  | nature of a member or authorized representative of a member  | - they ra   | Printed or typed name of signee  |
| I her<br>provi<br>the or<br>to me<br>notiff | eby accept the appointment as registered agent and a<br>sions of all statutes relative to the proper and comple<br>bligations of my position as registered agent as provide<br>rely reflect a change in the registered office address,<br>ad in writing of this change.                      | igree to act in thi<br>ste performance of<br>ded for in Chapto<br>I hereby confirm<br>ant Secretary | is canacity. I further agree to comply with the  |
|   | ture of Registered Agent   |   |  |