12000383342

(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



100370210771

2021 AUG 20 PM 4: 29

RECEIVED

FILED
2021 AUG 20 AH 8: 35
SECRETARY OF STORE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195										
REFERENCE : 968119 7778917										
AUTHORIZATION: Squelle reas										
COST LIMIT : \$ 25.00										
ORDER DATE : August 18, 2021										
ORDER TIME : 2:28 PM										
ORDER NO. : 968119-034										
CUSTOMER NO: 7778917										
CHANGE OF AGENT										
NAME. SEDUVDIC CARTEAL HOLDINGS LIC										
NAME: ZEPHYRUS CAPITAL HOLDINGS LLC										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY XX PLAIN STAMPED COPY										
AA FLAIN SIMMED COFI										
CONTACT PERSON: Alexxis Weiland EXT#										

EXAMINER: _____

35 x

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. Na	ame of the limited liability company: ZEPHYRUS	CAPITAL	HOL	DINGS L	LLC				
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE BO						
	2675 SOUTH BAYSHORE DRIVE		2675 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133						
	COCONUT GROVE, FL 33133								
	12/08/2020		L2	0000383	3342				
3.	Date of filing/registration in Florida	4.			Document	number			
5. (a)	ALGO LAW FIRM LLP								
	Registered Agent and Registered Office shown on the records 815 PONCE DE LEON BLVD	- e:							
	Registered Office Address (MUST BE FLORIDA STREE	- ·-	SS)		202				
	CORAL GABLES		ļ		-	ALL!	2021 AUG 20 SECRETARY		
	Enter name of NEW Registered Agent and/or NEW Registered Office ad Corporation Service Company			<u>>></u> :	-	ECRETARY OF STATE TALLAHASSEE, FL	0 AM 8: 35	, 2 5 ()	
	NEW Registered Office Address:				-	, ,			
	1201 Hays Street				_				
	Tallahassee	FL_32301			_				
change agent w was/we he arti	mited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the case of the member of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating organization organization organiza	he registe liability of s of the li he limited	ered o comp miteo l liabi	ffice and any, it is a liability lity com	d the busine s hereby con y company spany.	ess office (nfirmed th or as othe	of the i at the rwise j	registered change(s)	
	/: Kenneth Shanley – Managing Member Kei ignature of a member or authorized representative of a member				Kenneth Shanley – Managing Member Printed or typed name of signee				
I herel provision he obli o mere notifica	by accept the appointment as registered agent and a constant of all statutes relative to the proper and completing tions of my position as registered agent as provided in the registered office address. I'm writing of this change.	gree to active performed to for in I hereby	ct in I nanci Chaj confi	this capa e of my a oter 605, rm that t	icity. I fiort	her a ar ee	- to con	nply with the h and accept is being filed v has been	
Signatur	re of Registered Agent								

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