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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

Email Address: Managedreports@Incorp.com

## LLC REGISTERED AGENT CHANGE ZEIF INVESTMENTS, LLC

Certificate of Status	O .
Certified Copy	0
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## COVER LETTER

TO:	Registration Section Division of Corporations			. <b>1"</b> .	4		
SHRI		ZEIF INVI	ESTMENT	S, LLC			
.1C D0	Name of Limited Liability Company						
Dear :	Sir or Madam;						
The e	nclosed Registered Agent/Registered C	ffice Chan	nge and fee(	s) are submitted fo	or filing.		
Please	return all correspondence concerning	this matter	r to the follo	owing;			
	Joanna Fernandez						
	Name of Person	_	<del></del>				
	InCorp Services, Inc.						
	Firm/Company						
	3773 Howard Hughes Pkwy. · S	uite 5005					
	Address						
	Las Vegas, NV 89169-6	014					
	City/State and Zip Code	!					
	processing@incorp.co	m					
	E-mail address: (to be used for future a	nnual repo	ort notificati	เบท)			
For fi	uther information concerning this matt	er, please o	call:				
Joar	na Fernandez for InCorp Services	nc. 80	00-246-267	77			
	Name of Person	at	Λ	irea Code & Daytii	me Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		; 1 7	Street Address: Registration Section Section of Corpe The Centre of Tal 2415 N. Monroe (Taliahassee, FL 3	orations Hahassee Street, Suite \$10		
	Enclosed is a check for the following	ng amoun	nt:				
	S25 Filing Fee		□ \$55 E	Filing Fee & Certif	ied Copy		

## 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.

l.	Na	me of the limited liability company: ZEIF INVESTI	MENT	S, LLC	
2. (	a) <sup>7</sup>	511 W UPPER RIDGE DRIVE PARKLAND, FL 3306  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	7	(b) <sup>7511</sup> W I	UPPER RIDGE DRIVE PARKLAND, FL 3306' Mailing address of limited liability company: (Note: MalY BE POST OFFICE BOX)
		12/08/2020		L200003	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	ZEIF, DOUĞ			
		Registered Agent and Registered Office shown on the records of	ate:		
		7511 W UPPER RIDGE DRIVE			_
		Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRI</u>	<u> </u>	
		PARKLAND , FI		33067	
(	(b)	InCorp Services, Inc.			_
,	(0)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	1 Office	address:	_
		17888 67th Court North			
		NEW Registered Office Address:			
		Loxahatchee , FI	L	33470	
the age	igha ntiv s/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited be are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the re iability of the	egistered offi reompany, it limited liabil	is hereby confirmed that the change(s) ity company or as otherwise provided in

DOUGLAS G ZEIF
Signature of a member of all horized representative of Chember Printe

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.

Isabel Burgos on behalf of InCorp Services, Inc.