Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE ZANO & COMPANY LLC

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9/22/2023 1; 54 27 PDT To 18506176383 Page 2/2 From Registered Agents Inc Fax: 8134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY \perp

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.

I. N	ame of the limited liability company: ZANO & COM	PANY ELC	
2. (a)	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		
	09/21/21	L2100	00416162
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records	s of the Florida Dept.	of State:
			-
	Registered Office Address (MUNI BE FLORIDA STREE		
	476 RIVERSIDE AVE.		
	JACKSONVILLE	FL 32202	
			
(b)	Registered Agents Inc		202
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address:	SE
	7901 4th St N		P E
	NEW Registered Office Address		AND FILED 2023 SEP Z 2 PM 12: 44
	STE 300		
		• • • • • • • • • • • • • • • • • • • •	지승 전
	St. Petersburg	33702 FL	
		1.1	
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member	s of the registered d liability compan rs of the limited li	office and the business office of the registe my, it is hereby confirmed that the change(s) iability company or as otherwise provided i
:	icles of organization or the operating agreement of	Robin Jone	
Sign.	ture 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 ions of all statules relative to the proper and compl ligations of my position as registered agent as prov- ely reflect a change in the registered office address d in writing of this change.	agree to act in the cte performance o ided for in Chapta . Thereby confirm	is capacity. I further agree to comply with of my duties, and I am familiar with and ac- er 605, F.S. Or, if this document is being fi a that the limited liability company has bee

Signature of Registered Agent

David Roberts

- Assistant Secretary

Dala Parts