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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE COZMOS DIGITAL LLC

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Certified Copy	0
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Cozmos Digital LLC	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, S	ite 400
Address	
Austin, TX 78735	
City/State and Zip Code	e
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matt	er, please call:
Mary Castillo	888 705-7274 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ng amount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (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. Na	ame of the limited liability company: Cozmos Digital LL	.C				
2. (a)	2081 CYPRESS BAY BOULEVARD		(b)	YPRESS BA	AY BOULEVARD	
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	_	(0)		dress of limited liability of MAY BE POST OFFICE	
	KISSIMMEE, FL 34743	-	KISSIN	MMEE, FL 3	4743	
	1/18/2022	<del></del> -	L,220000	33527		
<b>.</b>	Date of filing/registration in Florida	4.		Docume	ent number	
i. (a)	ZENBUSINESS INC.					
5. (a)	Registered Agent and Registered Office shown on the records of the 336 E. COLLEGE AVE.	e Flori	da Dept. of S	State.		
	Registered Office Address (MUST BE FLORIDA STREET AL SUITE 301	DDRE.	227	<del></del>		
	TALLAHASSEE , FL	2301		<u>.                                    </u>	₩.	<b>~</b> 2
(b)	Registered Agent Solutions, Inc.					)))23 FFR   7 PM  2:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Mce s	ddress:			ಸ —
	155 Office Plaza Dr.					
	NEW Registered Office Address:			<del></del>	-	<u> </u>
	Suite A					2: 05
	Taltahassee, FL	2301			·	-
hange gent w vas/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the retail be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	giste ility c the lii	red office : ompany, i nited liabi	and the busi t is hereby o lity compan	iness office of the reg confirmed that the ch	gistered ange(s)
(s)	David Santiago	Da	vid Santiag	30	Member	
Signat	ure of a member or authorized representative of a member			Printed or	typed name of signee	
rovisio he obli mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided five reflect a change in the registered office address, I her in writing of this change.	erforn For in	nance of m Chapter 6	lý duties, an 05, F.S. Or	d Lam familiar with ; if this document is a	and accept being filed
	Mackenzie Hibler Asst Secreta	rv				

Signature of Registered Agent