

Florida Department of States

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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 Phone : (855)330-1010 Fax Number

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

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LLC REGISTERED AGENT CHANGE SIGN EXPRESS NOTARY LLC

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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.

l. Na	nme of the limited liability company: Sign Ex	press	Notary	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)				
	7901 4th St N STE 300	7901 4t	1 4th St N STE 300				
	St. Petersburg FL		St. Petersburg FL 33702				
	02/28/2022		L220001	.04274			
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	ZENBUSINESS INC.						
J. (II)	Registered Agent and Registered Office shown on the records	of the Florid	Dept. of State	:			
	336 E. COLLEGE AVE.						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES:	<u> </u>				
	SUITE 301					20	
	TALLAHASSEE	FI. 323	 D1			2022 MAR	7.
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Register	red Office ac	dress:			R 25 PM	AND FILED
	7901 4th St N					ج: ئ	Ċ
	NEW Registered Office Address:				- 1	£	
	STE 300						
	St. Petersburg	_{FL_} 3370	2				
the cha agent i was/w	limited liability company is not organized under the lange 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 icles of organization or the operating agreement of the	of the regi liability c s of the lir	stered office ompany, it is nited liability	and the busines hereby confirm y company or as	ss office o ned that th	i the r e char	egistered igc(s)
	Rilux tark		Riley Park				
	ature of a member or authorized representative of a member			Printed or typed n			
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- sely reflect a change in the registered office address, of in writing of this change.	ded for in I hereby o	chapter 605 Chapter 605 Confirm that	acity. I further a duties, and I am i, F.S. Or, if thi the limited liabi	agree to configure of the state	omply with ai it is be iny ha	with the nd accept ring filed s been
sec 1	Bill Havre - Assista	ant Secre	etary				

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