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(R	equestor's Name)					
(A	ddress)					
(A	ddress)					
(C	ity/State/Zip/Phone #)				
	WAIT	MAIL				
(B	usiness Entity Name)				
(D	ocument Number)					
Certified Copies	Certificates o	f Status				
Special Instructions to Filing Officer:						
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Office Use Only						



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TO: Registration Section Division of Corporations

ZG SMOKE SHOPS 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:

John Taddeo

Name of Person

Firm/Company

24 SE 20th Street

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

John.Taddeo@PTD.LAW

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Taddeo	954 at (800-6480
Name of Person	(Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified 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.

1. N	ame of the limited liability company:		LC					
2. (a)			(h)					
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(0)		Mailing ad	ldress of lin	nited liabili POST OFFI	y company:
	431 LAYNE BLVD			1114 3R	D AVE SC	DUTH		
	HALLANDALE BEACH, FL 33009			MYRTLE	E BEACH,	SC 2957	7	
	03/11/2022		L	.2200012	4142			
3.	Date of filing/registration in Florida	4.	_	_	Docume	ent numbe	er	
5. (a)	<u></u>							
J. (a)	Registered Agent and Registered Office shown on the records Yakov Zroya	of the Flor	ida	Dept. of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE	SS)	<u>.</u>				
	431 LAYNE BLVD							
	HALLANDALE BEACH	33009 FL			_			2022-007
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>							ω l
	Enter name of <u>NEW Registeren Agent</u> and/or <u>NEW Register</u>		<u>ag</u> u	<u>ress</u> :			-	ъ. П
	John Taddeo						ц ^а -	çï
	NEW Registered Office Address:							
	24 SE 20th Street				_			
	Fort Lauderdale	5133316		<u> </u>	_			
change agent v was/wo	imited liability company is not organized under the e or changes are made, the Florida street address of t 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	he registe liability (s of the li he limited	erec con mit I lia	l office an apany, it ded liabili ability co	nd the bus is hereby ity compar mpany.	iness offi confirme iy or as o	ice of the d that the otherwise	registered change(s) provided in
	Aug		7	<u>akov</u>	ZVDYG Printed o		Mbr	
	pre of a member or authorized representative of a member					÷1		
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provide ely reflect a change in the registered office address, d'in writing of this change.	gree to a te perfori ded for in 1 hereby	ct i mai • Cl cor	n this cap ice of my iapter 60 ifirm that	pacity. 1 fi duties, ar 5, F.S. 06 the limite	arther ag ad I am fa r, if this a rd liabilit	ree to con miliar wi locument y compan	nply with the th and accept is being filed y has been
Signatu	re of Registered Agent							

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