Laa000241061

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	٠.	_		
J. HORNE				
J. HORNE JUL 15 2024				

Office Use Only



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COVER LETTER

Division of Corporations	
Jose Zuniga LLC SUBJECT:	
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Cindy Jordan	
Name of Person	
CKB Creations LLC	
Firm/Company	
1133 Bal Harbor Blvd STE 1121	
Address	
Punta Gorda FL 33950	
City/State and Zip Code	
cindy@ckbcreations.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter	er, please call:
Cindy Jordan	941 244-4191 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	■ \$55 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: Jose Zuniga LLC		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1151 SE 6th Ave	San	me
	Arcadia FL 34266		
	May 24, 2022	L220	000241061
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United State Corp Agents Inc		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 5575 S Semoran Blvd #36	ADDRESS)	
	Orlando , FL	32822	
(b)	, FL		.02h
(0)	Enter name of NEW Registered Agent and/or NEW Registered		
	Jose Zunga		- <u></u>
	NEW Registered Office Address:		
	1151 SE 6th Ave		
	Arcadia, FL	34266	
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered off ability compar of the limited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Des James	Jose Zung	ga
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provision the oblination to mere	oy accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	vertormance i	of my duties, and I am familiar with and accept

Signature of Registered Agent