## L22000264658

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					

Office Use Only



600410818566

06/20/23--01033--010 \*\*25.00

FILED
2023 JUN 20 PM 4: 34
2023 JUN 20 PM 4: 34

## **COVER LETTER**

FO: Registration Section Division of Corporations					
SUBJECT: LIVING ECO SMART LLC Name of Limited Lie	ability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and 1	Cc(s) are submitted for filing.				
Please return all correspondence concerning this matter to the fe					
JOANN TAYLOR					
Name of Person	<u> </u>				
LIVING ECOSMART LIC					
Firm/Company	_				
16912 61 St PL. N.	_				
Addiess					
Loxabatchee FL 33170					
City/State and Zip Code	_				
Cleanair joe gmail. Com  E-mail address: (to be used for future annual report notific	cation)				
For further information concerning this matter, please call:					
	) 975- 5592				
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 amount:					
\/	□ \$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. N	ame of the limited liability company: LIVING	ECO 5	MART LLC	-		
	16912 61 St PLN.	(b)	16912 6	1St PLN		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u></u> (v)	Mailing ac	ldress of limited MAY BE POST	-	• -
	Loxahatchee FL 33470	<del></del> -	Loxahato	hee F	<u> </u>	23470
	June 9,2022		L2200026	4658		
3.	Date of filing/registration in Florida	4.	Docum	ent number		
5. (a)	Zen Business Inc.					
	Registered Agent and Registered Office shown on the records of the	he Florida [	Dept. of State:			
	336 E. College Avc.					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
	Suite 301					
	Tallahassee ,FL	323	301	4		
(b)	JOANN TAYLOR			ÄLLA	2023 JUN 20	
	Enter name of NEW Registered Agent and/or NEW Registered (	Office addi	ress:	子 2 2 2 3	£	
	16912 61 St PL N.			ALIKAY OF STATE AHASSEE, FLORIDA		
	NEW Registered Office Address:			# 5; # 5;	PM 4: 34	$\ddot{\mathbf{D}}$
				AIE ORID		_
	Loxahatchee	0-	211-	Þ	+	
	LOXANATONE C. FL.	2 3	3470			
change agent v was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabers.	registered bility com the limit imited lia	office and the bus spany, it is hereby ed liability compa bility company.	siness office o confirmed that ny or as other	f the re it the cl wise pr	gistered hange(s)
	Jan Jan		Toann Tay l	or_		
-	nure of a member of authorized representative of a member					
provis. the obi to mer	Wy accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I had in writing of this change.	e to act in performan for in Ch ereby con	n this capacity. I J ice of my duties, a apter 605, F.S. O firm that the limit	further agree ind I am famili Ir, if this docused liability coi ad liability coi	o comp ar with nent is npany	oly with the and accept being filed has been
Signatu	ire of Registered Agent					