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COVER LETTER -

	gistration Section vision of Corporations								
SUBJECT	FLY RIGHT FLIGHT LLC								
~~~~	Name of Limited Liability Company								
Dear Sir or	Madam:								
The enclose	ed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.						
Please retu	rn all correspondence concerning	this matter to t	ne following:						
David Wieg	zman								
	Name of Person	·							
FLY RIGH	T FLIGHT 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:  David Wiegman  Name of Person  FLY RIGHT FLIGHT LLC  Firm/Company  120 Riggins St Apt 2  Address  Lakeland FL 33801  City/State and Zip Code  DBEWSENIRAM@LIVE.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  David Wiegman  at (603 988-8229)  Name of Person  Area Code & Daytime Telephor  Mailling Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations									
120 Riggins	s St Apt 2								
	Address	-	<del></del>						
Lakeland Fl	L 33801								
	City/State and Zip Cod	e	<del></del>						
DBEWSEN	IRAM@LIVE.COM								
E-ma	il address: (to be used for future	annual report no	tification)						
For further	information concerning this mat	ter, please call:							
David Wieg	gman		988-8229						
	Name of Person	(	Area Code & Daytime Telephone Number						
Re Di P.0	gistration Section vision of Corporations D. Box 6327		Registration Section						
En	nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  e return all correspondence concerning this matter to the following:  I Wiegman  Name of Person  RIGHT FLIGHT LLC  Firm/Company  siggins St Apt 2  Address  and FL 33801  City/State and Zip Code  WSENIRAM@LIVE.COM  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  I Wiegman  Area Code & Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  Street Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:								
	\$25 Filing Fee	۵	\$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.

. Na	me of the limited liability company: FLY RIGHT FLI			David W	liaaman			
. (a) _	David Wiegman  Principal office address of limited liability company:	<del></del>	(b)	David w	Mailing address of	A limited lighi	lity con	nony.
	(Note: MUST BE STREET ADDRESS)				(Note: MAY E		•	
	120 Riggins St Apt 2			120 Riggins St Apt 2				
	Lakeland FL 33801			Lakeland FL 33801				
	07/14/2022		į	.22000314	4336			
	Date of filing/registration in Florida	4.	_	,	Document nu	mber		
(a)	ZEN BUSINESS INC.							
(a)	Registered Agent and Registered Office shown on the records of	the Floi	ida I	Dept. of Sta	ate:			
	ZEN BUSINESS INC.							
(0)	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	:SS)					
	336 E. COLLEGE AVE SUITE 301							
	Tallahassee, Fl	32301			<u> </u>	IAI	202	
	David Wiegman					LAH	2023 JUN 20	TILM
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	add	ress:	<del></del>	ASS	20	1
	David Wiegman				_	023 JUN 20 PM 3: 42 ALLANASSEE, FLORIDA		
	NEW Registered Office Address:	•				98.3	မှ	
	120 Riggins St Apt 2			-	_	IDA A	7	ı
	Lakeland , Fi	33801						
nange gent w as/we	mited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the organization or the operating agreement of the	regist ability of the l limite	erec con imit d lia	l office ar npany, it ted liabili	nd the business is hereby confi ity company or mpany.	office of th rmed that th	e regis e char	stered age(s)
Signat	ure of a member or authorized representative of a member	_			Printed or types	d name of sign	ce	
herel rovisione obli mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to e perfor d for it hereby	ict i mai n Cl cor	n this cap nce of my napter 60 nfirm that	pacity. I furthe duties, and I a 15, F.S. Or, if the t the limited lia	r agree to co m familiar v his documen bility compa	omply vith an it is be iny ha	with th nd acce ing file s been