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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

*Enter the email address for this business entity to be used for future.

Email Address:_____

LLC REGISTERED AGENT CHANGE ZAYNE ENTERPRIZES, L.L.C.

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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.

1. N	fame of the limited liability company: Zayne Enterprizes	S LLC		
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th St NSTE 300	7901 4	7901 4th St NSTE 300	
	St. Petersburg, FL 33702	St. Petersburg, FL 33702		
	08/23/22 L22000370902		370902	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	ZANE, Alexander B			
. (Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
	177 SATINWOOD LANE			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)		
	PALM BEACH GARDENS . FL	33410		
(b)	Registered Agents Inc		2024 SEP 20 PH 3: 34	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		20	
	7901 4th St N		R m	
	NEW Registered Office Address:		—	
	STE 300			
	St. Petersburg , FL	33702		
the chagent was/w the art Sign I here ob to men natification.	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable rere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attack of a member or authorized representative of a member why accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a complete the proper and complete ligations of this change. David Roberts - Assistant Se	the registered of ability company, of the limited liability Robin Jones The control of the limited liability Robin Jones The control of the control of the confirm to the confirmation t	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept	

Signature of Registered Agent