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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations		•.	•
Zambuki LLC SUBJECT:			
	same of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change ar	nd fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to th	e following:	
Alexander Zalamov			
Name of Person			
Zambuki LLC			
Firm/Company			2023 (
801 W. Bay Dr. Suite 217			2023 OCT -2 AH 9: 42
Address		<u> </u>	2 4
Largo, FL 33770			9
City/State and Zip Code	<u> </u>		一道
alex@zambuki.com			
E-mail address: (to be used for future a	nnual report noti	ification)	
For further information concerning this matter	er, please call:		
Alex Zalamov	727	330-2080	
Name of Person	at (umber
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 81 Tallahassee, FL 32303	0
Enclosed is a check for the following	ng amount:		

 \square \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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: Zambuki	i LLC			
2. (a)	801 W. Bay Dr. Suite 217	(b) 801 W.	(b) 801 W. Bay Dr. Suite 217		
` ` `	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Largo, FL 33770	Largo, F	F1. 33770		
	9/7/2022	1.2200039	01325		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
	Registered Agent and Registered Office shown on the re Alexander Zalamov	ecords of the Florida Dept. of S	tate:		
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)			
	801 W. Bay Dr. Suite 217		20		
	Largo	FL 33770	023 OCT -2		
			7,380		
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered Office address:			
	Alexander Zalamov		DCT -2 AM 9: 42		
	NEW Registered Office Address:				
	801 W. Bay Dr. Suite 217				
	Largo	, FL_33770			
agent w was/we	mited liability company is not organized under or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida line are authorized by an efficientive vote of the med eles of organization or the operating agreement	is of the registered office a mited liability company, it mbers of the limited liabil For the limited liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.		
Signat	ure of a member authorized epresentative of a member	Alexander Zala			
I hereb provisio	ny accept he appoint of as registered agent of the proper and congress of all statutes relative to the proper and congations of my position as registered agent as play reflect a change of the registered office add	and agree to act in this cap			
Signatur	e of Registered Action Division of Corporations		assee, FL 32314		

FILING FEE: \$25.00