## L22000393118

(Requestor's Name)	
(Address)	
, ,	
	<del></del>
(Address)	
(City/State/Zip/Phone #)	)
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	· · ·
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJE	MEC & MEC LLC		
		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to th	ne following:
Mary E	llen Copening		
•	Name of Person		
MEC &	MEC LLC		
	Firm/Company		<del></del>
3951 3	4th St S, APT 4324		
	Address		- <del></del>
St Pete	esburg, Fl 33711		
	City/State and Zip Coo	de	<del></del>
mcfran	7@gmail.com		
Е	-mail address: (to be used for future	annual report no	tification)
For fur	ther information concerning this ma	tter, please call:	
Mary E	llen Copening	802 at (	461-5374
	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 follow	ving amount:	
	■ \$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STÅTEMENT 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.

) .		(b)	
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	3951 34th St S		
	St Petersburg, FL 33711		
	09-08-2012		L 22000393118
	Date of filing/registration in Florida	4.	Document number
a)	Zen Business Inc		
1)	Registered Agent and Registered Office shown on the records of	the Florida De <sub>l</sub>	ept. of State:
	336 E. College Ave,		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Suite 301		
	Tallahassee	32301	73
	, FL	<u></u>	
,	Mary Ellen Copening		FILED PH 2024 AUG 16 PH
ν,	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	
			PH D
	3951 34th St S		-
	NEW Registered Office Address:		=======================================
	Apt 4324		•
	St Petersburg	33711	
	, rL		<del></del>
li	mited liability company is not organized under the lav	vs of the Sta	ate of Florida, it is hereby confirmed that after
3e W	or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia	registerea o ibility comp	office and the business office of the registered bany, it is hereby confirmed that the change(s
ve	re authorized by an affirmative vote of the members o	f the limited	d liability company or as otherwise provided
TIC	cles of organization or the operating agreement of the		
_			MARY ELLEN COPENIUG
	ure if a member or authorized epresentative of a member		Printed or typed name of signee
$\omega h$	ny accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete t	ee to act in l performance	this capacity. I further agree to comply with ce of my duties, and I am familiar with and ac upter 605, F.S. Or, if this document is being j

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)