## L 23000035201

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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02/10/23--01010--010 \*\*55.00

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## **COVER LETTER**

	istration Section ision of Corporations					
SUBJECT:	Maverix Graphix LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or i	Madam:					
The enclose	d Registered Agent/Registered Offic	ce Change and i	fee(s) are submitted for filing.			
Please return	n all correspondence concerning this	matter to the f	following:			
Bridget Lope	7.					
	Name of Person					
Maverix Gra	phix LLC					
	Firm/Company		<del>_</del>			
503 Alcazar	Ave.					
	Address					
Altamonte S	prings, FL 32714					
	City/State and Zip Code		<del></del>			
maverixgraph	nix@gmail.com		<u>:-</u> -			
E-mail	address: (to be used for future annu	al report notific	cation)			
For further i	nformation concerning this matter, p	olease call:				
Bridget Lope	z	407 at (	415-7111			
	Name of Person	_ \	Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: distration Section distration of Corporations distraction Section distraction Section distraction Section distraction Section S		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

■ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☐ \$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.

. Na	me of the limited liability company:	LLC		
. (a)	503 Alcazar Ave.	(b) 503 Alcaza		cazar Ave.
. (-,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(*	, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Altamonte Springs, FL 32714	_	Altamo	nte Springs, FL 32714
	1/19/2023			
	Date of filing/registration in Florida	4.		Document number
. (a)	Zen Business Inc			
. (a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of S	State:
	336 E. College Ave.			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	2	<del></del>
	Suite 301			
	Tallahassee, FL	32301		
	Ditto		. <del></del>	<del>_</del>
(b)	Bridget Lopez			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :	,
	503 Alcazar Ave.			<u>_:</u>
	NEW Registered Office Address:			- <u>···</u> ω
	Altamonte Springs . FL	32714		<del></del>
hange gent v as/wo ne arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of organization or the operating agreement of the law or a member of authorized representative of a member	registere bility co of the lim limited l	ed office mpany, i ited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
rovisi he obl o mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have times the properties of this change.	nerforma	mce of n	ny duties, and I am familiar with and accen

Signature of Registered Agent