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COVER LETTER

TO: Registration Section					
SUBJECT: ZS Barbay Company 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:					
Zach Rother Name of Person					
Z3 Barber Jounge Firm/Company					
511 W Cleveland ST Apt 820 Address					
Taypa, FL 33606 City/State and Zip Code					
Zach @ Zs burbertunge · Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Zeich Ruther at (203) 505-8161 Name of Person at (203) Area Code & Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810					

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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.	Na	ame of the limited liability company: Zs Burber [-ounge
2.	(a)	511 W Cleveland St Apt 820 (b) 511 4	1 Cleveland St Apt 820
		Principal office address of limited liability company: Mai	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
		Tonos El 33600 Tono	\sim II 23606
		$\frac{10000}{1000}$	MI FN UUUU
		May 1, 2023 La	3000214425
3.		Date of filing/registration in Florida 4. Do	ocument number
5.	(a)	United States Corporation Agent. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	INC.
		476 Riverside, Ave.	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
			202
		Jackschville , FL 32202	 C
	21.5	Zach P Hac	,
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	· ·
		\	
		511 W Cleveland St apt 820	70 67
		NEW Registered Office Address:	
		Tampa, HL 33606	
		Tompa, FL 33606	
If t	he lii inge	mited liability company is not organized under the laws of the State of Florid or changes are made, the Florida street address of the registered office and the	a, it is hereby confirmed that after the business office of the registered

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature Registered Agent