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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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 ≰annual report mailings. Enter only one email address please ** → oxtimesEmail Address: $_$

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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.

	ame of the limited liability company:		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	06/19/23 Date of filing/registration in Florida		Document number
	ZENOLICINECO INIC		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 336 E. COLLEGE AVE. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 301		of State: TALLAHAS SET. FLORID
	TALLAHASSEE	_, FL_ 32301	2:1
(b)	Enter name of NEW Registered Agent and/or NEW Regist 7901 4th St N NEW Registered Office Address: STE 300	tered Office address:	
	St. Petersburg	_, FL	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ss of the registered ed liability compar ers of the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	en granter	Robin Jone	es
•	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to men notific	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp digations of my position as registered agent as pro- rely reflect a change in the registered office addres ed in writing of this change.	d agree to act in the plete performance wided for in Chapt ss, I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
		ant Secretary	