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COVER LETTER

TO: Registration Section Division of Corporations		
Picchio Golf SUBJECT:		
	of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the	e following:
Joseph Pigozzo		
Name of Person		
Picchio Golf		
Firm/Company		_
406 W Azeele Street		
Address	-	
Tampa, FL 33606		
City/State and Zip Code	-	
josephfpigozzo12@gmail.com		
E-mail address: (to be used for future annual	report noti	fication)
For further information concerning this matter, ple	ease call:	
Joseph Pigozzo	727 at (599-9765
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 following an	nount:	
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

l. Na	ame of the limited liability company:	C		
. (a)	406 W Azeele Street Suite 506 Tampa, FL. US 33606	(b)	406 W Aze	eele Street Suite 506 Tampa, FL, US 33606
. (3)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	June 29, 2023	<u> </u>		09
	Date of filing/registration in Florida	4.		Document number
. (a)	ZENBUSINESS INC.			
. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	; ;
	Registered Office Address (MUST BE FLORIDA STREET) 336 E. COLLEGE AVE.SUITE 301	ADDRESS)	······································	24 JUN 28
	TALLAHASSEE	32301 L		H 28 AM
(b)	Joseph Pigozzo Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	lress:	5: 39
	NEW Registered Office Address:			
	406 W Azeele Street Suite 506	··		
	Tampa , FI	L 33606		
hange gent v vas/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the	e registered ability consofthe limited li	d office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	dure of a member or authorized representative of a member			Printed or typed name of signee
rovisi he obl o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performa ed for in C hereby co	in this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been
∠. Sig pa tu	are of Registered Agent			

COVER LETTER

Division of Corporations	
Picchio Golf SUBJECT:	
	ed 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:
Joseph Pigozzo	
Name of Person	
Picchio Golf	
Firm/Company	
406 W Azeele Street	
Address	
Tampa, FL 33606	
City/State and Zip Code	<u></u>
josephfpigozzo12@gmail.com	
E-mail address: (to be used for future annual report to	notification)
For further information concerning this matter, please call	:
Joseph Pigozzo 727 at (at (599-9765
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
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. Na	ime of the limited liability company: Picchio Golf LLC	:	-		
. (a)	406 W Azeele Street Suite 506 Tampa, FL. US 33606		(b) 406 W Azeele Street Suite 506 Tampa, FL. US 33		
. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
					
	June 29, 2023		L230003128	809	
	Date of filing/registration in Florida	4.		Document number	
(a)	ZENBUSINESS INC.				
(a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stat	- e:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>	_	
	336 E. COLLEGE AVE.SUITE 301				
	TALLAHASSEE	32301		••	
	, , ,	<u> </u>		-	
(b)	Joseph Pigozzo			_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office	<u>address</u> :		
				-	
	NEW Registered Office Address:				
	406 W Azcele Street Suite 506			_	
	Tampa	33606			
nange gent v ras/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	regist ability of the l limite	ered office an company, it is imited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ture of a member of authorized representative of a member	_		Printed or typed name of signee	
here rovisi ie obi mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor d for in hereby	ct in this cap mance of my a Chapter 605 confirm that	acity. I further garee to comply with the	
_	re of Registered Agent				