## 23 000 433 524

(Requestor's Name)	
(Address)	6004345
(Address)	000-0-0
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/12/24010
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## COVER LETTER

_	istration Section ision of Corporations		•
SUBJECT:	Finn Peak Properties LLC		
solone i.		e of Limited Lia	ability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.
Please return	nall correspondence concerning this	s matter to the fo	ollowing:
Ali E Chahin	ne		
	Name of Person		
Finn Peak Pr	operties		
	Firm/Company		_
8331 Rearing	g Lane		~?
	Address		<del>-</del>
Lake Worth,	FL 33467		
	City/State and Zip Code		<del></del>
evanchahine@			
E-mail	address: (to be used for future annu	al report notific	ation)
For further in	nformation concerning this matter,	olease call:	
Ali Chahine		561 at (	846-9666
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following a	imount:	
■ \$2	25 Filing Fee	<b>□</b> \$55	5 Filing Fee & Certified Copy

## 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.

	me of the limited liability company:  8331 Rearing Lane Lake Worth, FL 33467			8331 <del>I</del>	Rearing Lane Lake Worth, F1, 33467
. (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)
	09/18/2023	_	- -	23000:	433524
	Date of filing/registration in Florida	4.			Document number
	ZENBUSINESS INC				Section name.
. (a)	Registered Agent and Registered Office shown on the records of th	e Flori	da De	ept. of	State:
	КНАПЛЕН НЕММАТІ				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE.	<u>55)</u>		<del></del>
	336 E. COLLEGE AVE SUITE 301				
	TALLAHASSEE	32301			<del></del>
(b)	ALI CHAHINE  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office :	addre	<u>ess</u> :	
	NEW Registered Office Address:				<del></del>
	8331 REARING LANE				<u>.</u>
	LAKE WORTH, FL_	33467			
hange gent v /as/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of gles of organization or the operating agreement of the li	egiste oility ( the li	red o comp mite	office pany. d liab	and the business office of the registered it is hereby confirmed that the change(s) sility company or as otherwise provided in
A	U Cen Incla		Д	rli	Evan Chahine
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
rovisi he obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in syriting of this change.	erfori	nama	e of r	ny duties, and I am familiar with and accer

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Signature of Registered Agent