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| (Requestor's Name) | | | |
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| (City | y/State/Zip/Phone | : #) | |
| PłCK-UP | WAIT | MAIL | |
| (Bus | siness Entity Nam | ne) | |
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COVER LETTER

INHS18 (2/14)

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: ZIPPY FLIES Name of Limited | Liability Company | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Change ar | nd fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to th | e following: | | | |
| DAVID J. ALDOUS Name of Person | | | | |
| ZIPPT FLIES LLC Firm/Company | _ | | | |
| 5103 KARLSBURG PLACE | <u>E</u> | | | |
| PALM HARBOR FL 3 City/State and Zip Code | 34685 | | | |
| USCGAIRDALE & YAHOO, CON E-mail address: (to be used for future annual report no | (tification) | | | |
| For further information concerning this matter, please call: | | | | |
| DAVID J. ALDOUS at (25) Name of Person | 1) 272 - 0058 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 amount: | | | | |
| □ \$25 Filing Fee | \$55 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.

| | 7100 | 4 | F1.15 | < | LCC | | |
|------------------------------|---|----------------------------|--|-------------------------------|--|---|--|
| | me of the limited liability company: | | 7 | | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| b) | Mai | ling address o | FUS of limited liabil BE POST OFF | lity company: |
| | 5103 KARLSBURG PLACE | | 510 | 03 | KARLS | BURG | PLACE |
| | PAUM HARBOR, FL 34685 | - | PA | LM | HARL | BOR, FL | - 34685 |
| 3. | 20 OCT 2023 Date of filing/registration in Florida | 4. | _Lō | | DDO4 Deument nu | <u>822 -</u> mber | 79 |
| 5. (a) | ZEN BUSINESS INC FL | | | | | | |
| | Registered Agent and Registered Office shown on the records of the | Floric | ia Dept. of | State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET AD | DRES | | | | -· , " | ., |
| | SUITE 301 | | | | | | 24 SEP |
| | | 7 | 1201 | | | 1.5 3.7 | FP |
| | TAUAHASSES ,FL_ | <u>50</u> | <u> 1501</u> | | | | F11.E |
| (b) | DAVID J. ALDOUS | | | | | 11 年 四万 | |
| , , | Enter name of NEW Registered Agent and/or NEW Registered Of | ffice a | ddress: | | | ORIES TENEDIS | 6: 14 |
| | NEW Registered Office Address: | | | | | | |
| | 5103 KAPLSBURG PLACE | ٤_ | | | | | |
| | PALM HARBOR FL | 3 | 1685 | _ | | | |
| change agent v was/wo | 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 liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities. | giste lity c the lit | red office company, mited liah liability | and to it is hoility compa | he business ereby confi company or any. | office of th rmed that th | e registered le change(s) e provided in |
| Signa | ture of a member or authorized representative of a member | | <u>الد</u> | P | rinted or type | d name of sign | <u>~ - →</u> ee |
| I here provisi the obl | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided for by reflect a change in the registered office address. I her | to ac rforn or in | ct in this of nance of the Chapter o | capaci ny dui 605, F | ty. I furthe ies, and I a S. Or, if the | r agree to co m familiar v his documen hiliy compo | omply with the with and accept it is being filed |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this change.

Signature of Registered Agent

COVER LETTER

| Division of Corporations | | | | |
|--|----------|--|--|--|
| SUBJECT: ZIPPY FLIES LLC 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: | | | | |
| DAVID J. ALDOUS Name of Person | | | | |
| ZIPPT FUES LLC. Firm/Company | | | | |
| 5103 KARLSBURG PLACE | | | | |
| PALM HARBOR, FL 34685 City/State and Zip Code | | | | |
| USCGAIRDALE Q YAHOO, COM E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| DAVID J. ALDOUS at (251) 272 - 0058 Name of Person Area Code & Daytime Teleph | | | | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Su Tallahassee, FL 32303 | .ite 810 | | | |
| Enclosed is a check for the following amount: | | | | |
| □ \$25 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.

| 1. Na | me of the limited liability company: 21PPT | FUES | LCC |
|--|---|---|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Ma | TIPPY FUES ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 5103 KARLSBURG PLACE | 5103 | KARLSBURG PLACE |
| | PAUM HARBOR, FL 34685 | PALW | L HARBOR, FL 34685 |
| 3. | 20 OCT 2023 Date of filing/registration in Florida 4. | | 000482279 Document number |
| | ZEN BUSINESS INC FL Registered Agent and Registered Office shown on the records of the Flor | ida Dept. of State: | |
| | 336 E. COLLEGE ANE Registered Office Address MUST BE FLORIDA STREET ADDRE | <u>(SS)</u> | |
| | SUITE 301 | | |
| | TALLAHASSEE ,FL 3 | 2301 | |
| (b) | DAVID J. ALDOUS Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> | address: | |
| | NEW Registered Office Address: | | |
| | 5703 KARISBURG PLACE | | |
| | PALM HARBOR ,FL 3 | 4685 | |
| change agent w was/we | mited liability company is not organized under the laws of the or changes are made, the Florida street address of the registerill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the less of organization or the operating agreement of the limited | ered office and company, it is l imited liability d liability comp | the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in pany. |
| Signat | ure of a member or authorized representative of a member | | D J. ALDOUS Printed or typed name of signee |
| I hereb provision the oblit to mere | by accept the appointment as registered agent and agree to a consolid statules relative to the proper and complete perforgations of my position as registered agent as provided for in the registered office address, I hereby in writing of this change. | ect in this canac | ity. I further goree to comply with the |

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Signature of Registered Agent