L23000529945

(Requestor's Name)						
(Address)						
, ,						
(Address)						
(City/State/Zip/Phone #)						
, , , ,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Cartificat Caping Cartificator of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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• @ (COVER	Letter	•	•	٠	
TO: Registration Section Division of Corporations			·			7
SUBJECT: TZD Group LLC						
	Name of Limited I	_iability 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	g this matter to the	following:				
Cameron Biddy						
Name of Person	<u></u>					
ZenBusiness Inc.						
Firm/Company		_			~2	
336 E. College Ave. Suite 301				TAL TAL	2024 JAN 22	102
Address				产工	¥ 2	-
Tallahassee, Fl. 32301				SSA	2	17
City/State and Zip Coc	le			an ⊆ Lu ⊆e Lu =e	hh: 11 14	C
ra@zenbusiness.com				72	ተተ	
E-mail address: (to be used for future	annual report noti	fication)				
For further information concerning this mat	tter, please call:					
Cameron Biddy	844 at (493-6249				
Name of Person		Area Code & Daytimo	Telephone N	umber		
Mailing Address:		Street Address:				
Registration Section		Registration Section	1			
Division of Corporations		Division of Corpora				
P.O. Box 6327		The Centre of Talla				
Tallahassee, FL 32314		2415 N. Monroe Sti Tallahassee, FL 323		0		
Enclosed is a check for the follow	ing amount:					
■ \$25 Filing Fee		555 Filing Fee & Certified	І Сору			

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. N	ame of the limited liability company: TZD Group L	LC						
2. (a)	5660 COLLING AVENUE			(b) 5660 COLLINS AVENUE				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	4C			4C				
	MIAMI, FL 33140			MIAM	fl, FL 33140			
	11/28/2023			.23000;)529945			
3.	Date of filing/registration in Florida	4.	_		Document number			
5. (a)	DALAL, TARIK							
()	Registered Agent and Registered Office shown on the records 5660 COLLINS AVENUE	State:						
	Registered Office Address (MUST BE FLORIDA STRE							
	4C							
	Miami	FL_3314	0		FILL AHA			
(b)	ZenBusiness Inc.				JAN 22 AM II: 44 LLAHASSEE, FL			
	Finter name of NEW Registered Agent and/or NEW Registe							
	336 E. College Ave.				FL			
	NEW Registered Office Address:							
	Suite 301							
	Tallahassee	FL_3230	l					
change agent v was/w the art	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of tarik Dalal	laws of the regist liability rs of the the limite	the S tered com limit ed lia	office pany, i ed liabi	and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in			
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee			
Uha	hy accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as provietly reflect a change in the registered office address, d inwriting of this change.	agree to o ele perfoi ided for i I hereby	act in rman n Ch ' con	i this co ce of m apter 6 firm thi	rapacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been			