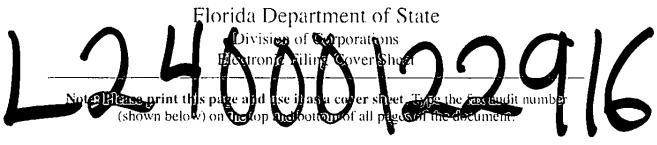
3/22/24, 9:47 AM

1 :



(((H24000109091 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 : (888)462-3453

Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

EFILE1234@INCFILE.COM

## LLC REGISTERED AGENT CHANGE ZZ VALENTINO CONSULTING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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M. SOLOMON

MAR 2 5 2024

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## COVER LETTER

| TO: Registration Section Division of Corporations  |                                       |  |      |              |     |
|--|---------------------------------------|--|------|--------------|-----|
|  |                                       |  |      |              |     |
| SUBJECT: ZZ VALENTINO CONS   |                                       | LLC<br>ed Liability Company  | _    |              |     |
| inan   | ne or tamile                          | ed Liability Company   |      |              |     |
| Dear Sir or Madam:   |                                       |  |      |              |     |
| The enclosed Registered Agent/Registered Off   | ice Change                            | and fee(s) are submitted for filing.   |      |              |     |
| Please return all correspondence concerning th   | is matter to                          | the following:   |      |              |     |
| LOVETTE DOBSON   |                                       |  |      |              |     |
| Name of Person   |                                       |  |      |              |     |
|  |                                       |  |      |              |     |
| Firm/Company   |                                       |  | •    | i včii       |     |
| 17350 STATE HWY 249 #220   |                                       |  |      | HAR          | · . |
| Address  | · · · · · · · · · · · · · · · · · · · |  | :1 * | 25           | 1   |
| HOUSTON TX 77064   |                                       |  | , ,  | PH 2:        |     |
| City/State and Zip Code  | •••                                   | <del></del>  | 2.71 | <del>:</del> |     |
| EFILE1234@INCFILE.COM  |                                       |  | -    |              |     |
| E-mail address: (to be used for future and   | nual report i                         | notification)  |      |              |     |
| For further information concerning this matter.  | . please call                         | :  |      |              |     |
| LOVETTE DOBSON   |                                       | 8884623453   |      |              |     |
| Name of Person   | at (                                  | Area Code & Daytime Telephone Num  | ber  |              |     |
| 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  | Ţ                                     | \$55 Filing Fee & Certified Copy   |      |              |     |
| INHS18 (2/14)  |                                       |  |      |              |     |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000109091 3)))

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. No  | une of the limited liability company: ZZ VALEN   | TINO CONSUL  | TING LLC  | ···  |              |
|--|--|--|---|--|--------------|
| n (a)  | 1630 EMBASSY DR APT 101  |  | (b) 20 MICHAEL AVE  |  |              |
| ~,   | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited (Note: MAY BE POST   |  |              |
|  | WEST PALM BEACH. FL 33401  | KEND   | ALL PARK, NJ 08   | 3824   |              |
|  | 03/11/2024   | L24000   | )122916   |  |              |
| 3.   | Date of filing/registration in Florida   | 4.   | Document number   |  |              |
| 5. (a)   | ZAHIR, ZAYN  |  |   |  |              |
|  | Registered Agent and Registered Office shown on the records of   | of the Florida Dept, of Sta  | ite:  |  |              |
|  | 1630 EMBASSY DR APT 101  |  |   |  |              |
|  | Registered Office Address (MUST BE FLORIDA STREET  | <u>UADDRESS)</u>   |   | 102  |              |
|  |  |  |   | 2024 HAR   |              |
|  | WEST PALM BEACH  | L 33401  | <u>.                                    </u>  |  | i<br>        |
| (b)  | Jaillan Elgallad   |  | _   | 25 PM 2:   | T            |
| ·  | Finer name of NEW Registered Agent and/or NEW Registers  | ed Office address:   |   | \(\frac{1}{2}\)  | C.           |
|  | 1630 Embassy Dr  |  |   | ± <del>0</del> − ∞   |              |
|  | NEW Registered Office Address.   |  | _   |  |              |
|  | Apt 101  |  |   |  |              |
|  |  |  | _   |  |              |
|  | West Palm Beach  | ե33401   |   |  |              |
| change agent was/w the art Signa I here provis the oh to mer notific | limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the muse of a member or authorized representative of a member or by accept the appointment as registered agent and agricultures of all stantes relative to the proper and complete ligations of my position as registered agent as provided in writing of this charge. | ne registered office a<br>liability company, it<br>s of the limited liability co<br>limited liability co | nd the business office of is hereby confirmed the ity company or as other impany.  Zayn Zahi  Printed or typed name of pacity. I further agree to duties, and I am family | of the registered nat the change(s rwise provided f signee to comply with liar with and ar | d i) in  the |

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