

L24000314600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

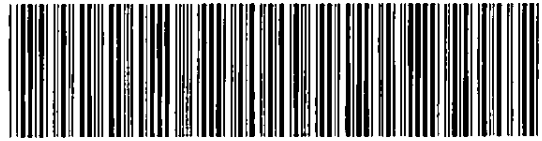
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FALL RIVER, MASSACHUSETTS

bm 10/28/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZARRAT 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:

Carolina Garcia
Name of Person

Zarrat LLC
Firm/Company

175 SW 7TH ST, Ste 1517-1033
Address

Miami FL 33130
City/State and Zip Code

compliance@jamesbakercpa.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

For further information concerning this matter, please call:

Carolina Garcia at (866) 6109493
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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.

1. Name of the limited liability company: ZARRAT LLC

2. (a) <u>175 SW 7th ST, Ste 1517-1033</u> Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) <u>Miami, FL</u> <u>33130</u>	(b) <u>175 SW 7th ST, Ste 1517-1033</u> Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) <u>Miami, FL</u> <u>33130</u>
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3. <u>07/15/2024</u> Date of filing/registration in Florida	4. <u>L24000314600</u> Document number
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5. (a) No Agent
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
No Office

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

 _____, FL _____

(b) Registered Agents Inc
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

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 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>MAris</u> Signature of a member or authorized representative of a member	<u>Nafis</u> Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts David Roberts - Assistant Secretary
 Signature of Registered Agent