100 MAY -4 PM 12: 06

*SECRETARY OF STATE TALLAHASSEE, FLORIDA

2000 U	NIFORM B	USINESS R	EPORT (UBR))			
DOCUME 1. Entity Name ZENITH GOD		000007317					
Principal Place of E 4233 NE SKYLINE D JENSEN BEACH FL	PRIVE	Mailing Address 4233 NE SKYLIN JENSEN BEACH					
2. Principal Place of Business		. 3. Mailing Addre	58				
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.				
City & State		City & State					
Zip Country		Zip	Country				
6.	Name and Address of C	urrent Registered Agent	<u> </u>	_			
	Name						

2. Principal Place of Business . 3. M.		. 3. Mailing Address	Mailing Address						ileli 1881 1 33 1	
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Ci		City & State	City & State		4. FEI N	4. FEI Number 65 – 0956274			plied For	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired			Not Applicable \$5.00 Additional		
		<u> </u>				7. Name and Address of New Registered Agent				
	6. Name and Address of Curren	it Hegistered Agent		Name	7. Nam	8 Blid Address of New Net	natered M	em ·	,	
MOOLAV	LOONALD									
	J. DONALD		Street Addres			ss (P.O. Box Number is Not Acceptable)				
	SKYLINE DRIVE		<u> </u>							
JENSEN E	BEACH FL 34957					<u> </u>		7'a Cod	_	
				City			FL	Zip Code	3	
8. The above	named entity submits this statement	for the purpose of changing it	s registered	d office or regis	tered agent,	or both, in the State of Florid	da.			
	•	, ,								
SIGNATURE .		400	FF. D	4	inad uban sainatat		DATE			
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	· Hegistered	Agent signature requ	ited when tellistri		DAIL			
		FILE N	IOW!!! F	EE IS \$50.0	0					
	•	Make Check P	ayable to	Department	of State					
					·					
9.	MANAGING MEM		ERS 10.			ADDITIONS/CHANGES				
TITLE	MGRM	Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	MCCLAY, J. DONALD	•	HAME	T ADDRESS						
CITY- ST-ZIP	4233 NE SKYLINE DRIVE JENSEN BEACH FL 34957		l l	ST-ZIP						
TITLE	JENSEN BLACTITE 34907	☐ Delete	TITLE					Change	Addition	
MAME			NAME	1		9000000		_ 		
STREET ADDRESS			STREE	T ADDRESS		80000032 -05/26 <u>/</u> 0	D011	107 0	18	
CITY-ST-ZIP			CITY-1	8T- ZIP		<u>******5</u> ①		****5(0.00	
TITLE		Colete	TITLE				Ţ	Change	Addition	
MAME		,	NAME	1	•					
STREET ADDRESS	,			T ADDRESS BT-ZIP						
CITY- 81- ZIP								Change	Addition	
TITLE Name		C Delete	TITLE	i i			,			
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-	8T-ZIP						
TITLE		☐ Delete	TITLE		•			☐ Change	Addition	
NAME			MAME							
STREET ADDRESS	•			T AODRESS						
CITY- 8T- ZIP			CITY-1	BT-ZIP						
TITLE #		☐ Ocista	TILE				1	Change	Addition	
MAME			HAME	1						
STREET ADDRESS				T ADDRESS ST-ZIP		,	-			
		ith this filing does not qualify for			Section 110	07/3\/i) Elorida Statutos I fe	urther certif	v that the is	formation	
11. I hereby o	tion supplied w	in this filing does not qualify to	or the exem	ipilon stated in	Section 119.	u/(3)(1), Florida Sialules. I ii	a momber	or manage	r of the	

indicated on the ilmited liability co

signature shall have the same legal effect as if made under oath; that I a wered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

Daytime Phone #