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(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	Business Entity Name)
(D	Occument Number)
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SECLETARY OF STATE
TALLAHASSEE, FLORIDA

Section 2

COVER LETTER

TO: Registration Section Division of Corporations ZEAVY 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: Valerie Rodriguez PARACORP INCORPORATED Firm/Company 2804 GATEWAY OAKS DRIVE #200 Address SACRAMENTO, CA 95833 City/State and Zip Code annualreports@myparacorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valerie Rodriguez Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

and the same

P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

Clifton Building

■ \$25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: ____ZEAVYLLO 2. (a) Principal office address of limited liability company: 4553 CAMELLIA AVE VAULEY VILLAGE, CA 91602 (Note: MUST BE STREET ADDRESS) 4653 CAMELLIA AVE (b) Mailing address of limited liability company: VALLEY VILLAGE, CA 91602 (Note: MAY BE POST OFFICE BOX) 08/06/2012 M12000004406 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: KAPUSTA, ROBERT JR. Registered Agent: 100 SECOND AVENUE SOUTH, SUITE 701 Registered Office Address: ST. PETERSBURG FL 33701 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: PARACORP INCORPORATED क NEW Registered Office Address: 236 EAST 6TH AVE (MUST BE FLORIDA STREET ADDRESS) 7 TALLAHASSEE 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. Signature of a member or althorized representative of a member

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 608. F.S. Or, if this document is being filed to merely reflect a change in the registered office address I perchy confirm that the limited liability compuny has been notified in writing of this change.

Signature of Registered Agent

Printed or typed name of signed

Ninh Ho, Asst.

Secretary, Paracopp Incorporated Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00