MI60000 10022

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Ĉil	y/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Dc	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	Office Use Only	,			



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808 800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: February 28, 2020

Order#: 195948-003

Re: CODE ZERO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

, e

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.

2. (a)	1 Baltimore Place NW	_ (b)			_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFIC		
	Suite 200		Suite 200		
	Atlanta, GA 30308	-	Atlanta, GA 30308		-
		_		×.	_
	12/13/2016	_	M16000010022		_
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	INCORP SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	202	
			⁽²⁾	2020 HAR	
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS)</u>		ج د - 2	
	17888 67TH COURT NORTH				1
	LOXAHATCHEE FL	33470		PM	ji F
			<u>, i</u>	3 2	199 - 199 199
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> C)ffice add		Ω _[1]	
	1201 Hays Street				
	NEW Registered Office Address:				
	·				
	Tallahassee, FL,	32301			
lf the l	imited liability company is not organized under the laws	s of the !	State of Florida, it is hereby confirmed	that after	
the cha	inge or changes are made, the Florida street address of t	the regist	tered office and the business office of t	he registere	d
was/we	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	the limi	ted liability company or as otherwise p	rovided in	
the arti	cles of organization or the operating agreement of the l	imited li	ability company.		
	ture of a member of authorized representative of a member	Jill C	ilmi, Authorized Person		_
	0		Printed or typed name of signee		
I here provisi	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	e to act performa	in this capacity. I further agree to com ince of my duties, and I am familiar wit	ply with the hand accept	e of
the obl to mer	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he	' for in C erebv co	hapter 605, F.S. Or, if this document i nfirm that the limited liability company	s being filed : has been	d
	discounting of this about on the	-			
notifie	t'in writing of this change.				

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00