

3/6/2018

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000074349 3)))



H180000743493ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

		::	(307)200-2803	INC
· ·	Fax Number	:	(855)330-1010	

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

Email Address:

LLC REGISTERED AGENT CHANGEZENITH ORDER OF ENTERPRISING LLCCertificate of Status0Certified Copy0Page Count01Estimated Charge\$25.00



https://efile.sunbiz.org/scripts/efilcovr.exe

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.

ZENITH ORDER OF ENTERPRISING LLC 1. Name of the limited liability company:

2	(a)	185	SEA	WIND	DRIVE	
---	-----	-----	-----	------	-------	--

Principal office address of fimited liability company; (Note: MUST BE STREET ADDRESS)

SATELLITE BEACH, FL 32937

(b) 185 SEAWIND DRIVE

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

SATELLITE BEACH, FL 32937

Document number

02/26/18

5. (a)

Ľ.

M18000001961

3. Date of filing/registration in Florida

REGISTERED AGENTS INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3030 N. ROCKY POINT DRIVE, SUITE 150A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA

33607 👾 ...



the

Daniel D Raymond (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

4322 Hickory Hill Blvd

NEW Registered Office Address:

Titusville

32780

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.

Kushe E Romme	Kyle E Raymond
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I her notified in writing of this change.	to act in this capacity. I further agree to comply with the rformance of my duties, and I am familiar with and accep or in Chapter 605, F.S. Or, if this document is being filea reby confirm that the limited liability company has been

Division of Corporations+ P.O. Box 6327+ Sallahassee, FL 32314 **FILING FEE: \$25,00**