M7 DDOOW 4821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





700437126227

2021 OCT -8 PH 0: 56

2024 OCT -8 PH 1: 48

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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

10/08/2024

D	ate:	10/08/2024	- wil SW
	-	Acc#I20160000072	an: Cook
Name:	ZBS Mount	Dora, LLC	
Document #:			
Order #:	15905852		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified:	\checkmark	Email Address for Annual Report Notifications:
	Plain: COGS:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	55.00	

Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of	the Florida Dep	artment of				
State: ZBS Mount Dora, LLC				·			
Enter new principal office address, if applicable:	N/A						
(Principal office address	- · -			2024 CC	 ;		
<u>MUST BE A STREET ADDRESS</u>)			<u></u>				
Enter new mailing address, if applicable:	N/A		5. 6. 6.	æ F	· · · · · · · · · · · · · · · · · · ·		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			所。 —— 严至	6: 3			
			<u> </u>	. U`.			
2. The Florida document number of this limited lia	ability company is:	M20000004821			<u> </u>		
Jurisdiction of its organization:Delaware							
4. Date authorized to do business in Florida:05	5/28/2020		-				
SECTION II (5-9 complete only the applicable	changes)						
5. New name of the limited liability company: (mus	N/A st contain "Limited	Liability Comp	any, " "L.L.C.	.," or "L	.LC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or me must contain "Limited Liability Company," "L.L.	maging members a	f transacting bus dopting the alter	siness in Floric mate name. Th	la and at se alterna	tach a ate name		
6. If amending the registered agent and/or registered agent and/or the new registered office a	red officer address	on our records, g	enter the name	of the n	<u>iew</u>		
Name of New Registered Agent: N/A	<u>-</u>				_		
New Registered Office Address: N/A		Enter Florida	Errort Address				
	Enter Florida Street Address						
	City		, Florida	Zip Code	e		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the state o	ent and agree to ac r and complete per stered agent as pro e in the registered o	iormance oj my vided for in Cha	mures, and Fa inter 605, F.S.	Or, if th	is		
——————————————————————————————————————	Changing Registere	d Agent, <u>Signa</u> t	ture of New R	egisterec	l Agent		

itle/ Capacity	ity <u>Name</u>		<u>Address</u>	Type of Action
anager	Steven Sung	- 	800 Westchester Avenue, Ste S504	□Add
			Rye Brook, NY 10573	⊠Remov
lanager	Matthew Sussman	_	800 Westchester Avenue, Ste S504	[XAdd
			Rye Brook, NY 10573	□Remov
				□Add
				Remo
				□Add
				Remo
				□Add
aforementic	under the law of which this enti	ijentedby rga	y the official having custody of records in tr	□Remo

Filing Fee: \$25.00