

Florida Department of State  
Division of Corporations  
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**M2100004062**

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To:

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

From:

Account Name : COMITER & SINGER, LLP  
Account Number : I20000000085  
Phone : (561)626-4742  
Fax Number : (561)626-4742

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

Email Address: Corporate@comiter-singer.com

**LLC REGISTERED AGENT CHANGE  
CZA CAPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CZA Capital 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:

Brad Gould, Esq.

\_\_\_\_\_  
Name of Person

Comiter Singer Baseman & Braun

\_\_\_\_\_  
Firm/Company

1000 SE Monterey Commons Blvd., Ste. 102

\_\_\_\_\_  
Address

Stuart, FL 34996

\_\_\_\_\_  
City/State and Zip Code

corporate@comitersinger.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Gould, Esq.

561 626-2101  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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.

1. Name of the limited liability company: CZA Capital LLC
2. (a) 5800 North Bay Road  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Miami, FL 33140
- (b) 5800 North Bay Road  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Miami, FL 33140
3. 04/08/2021  
Date of filing/registration in Florida
4. M21000004062  
Document number
5. (a) Dean Mead Services, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
420 South Orange Avenue, Suite 700  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32801
- (b) Comiter Singer Baseman & Braun LLP - Brad Gould, Esq.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
3825 PGA Boulevard, Suite 701  
NEW Registered Office Address:  
Palm Beach Gardens, FL 33410

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]  
Signature of a member or authorized representative of a member

Kyle Klopfer

Printed or typed name of signee

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

[Signature]  
Signature of Registered Agent

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