# M22000003980

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : 120170000091 Phone : (718)878-5811

Fax Number

: (718)732-4580

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

Email Address:	
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## LLC REGISTERED AGENT CHANGE ZJJ INVESTMENTS LLC

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#### COVER LETTER

Division of Corporations	
SUBJECT: ZJJ INVESTMENTS LLC	
Name of Limite	ed 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:
Mark Fuchs	
Name of Person	<del></del>
File Right RA Services, LLC	
Firm/Company	<del></del>
1425 37th Street, Suite 201	
Address	<del></del>
Brooklyn, NY 11218	
City/State and Zip Code	
agent@fileacorp.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call.	:
Sara Ringel	878-5811
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

18 (2/14)

☐ \$55 Filing Fee & Certified Copy

325 Filing Fee

#### H240000632903

### 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.	Na	me of the limited liability company: $\underline{ZJJ} \underline{JNVES}$	TMEN	TS LLC	
2.	(a)	581 N FRANKLIN TURNPIKE  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b) _	Mailing add ( <u>Note: M</u>	ress of limited liability company:  AY BE POST OFFICE BOX)
		RAMSEY, NJ 07446	_	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		· · · · · ·	
3.		5/13/2021		M2000000398	0
		Date of filing/registration in Florida	4.	Documer	nt number
5.	(a)	Business Filings Incorporated		<del></del>	
		Registered Agent and Registered Office shown on the records of the	ie Florida Dep	t. of State:	<b>202</b> SEL T/
		1200 South Pine Island Road, Plantation, FL 33326			
		Registered Office Address (MUST BE FLORIDA STREET A			2024 FEB 15 PM
					Si R M
	(b)		, , , , , , , , , , , , , , , , , , , ,		1:27
		Enter name of NEW Registered Agent and/or NEW Registered (	Office addres	¢ .	
		625 £ Twiggs Street, Stc. 110			
		NEW Registered Office Address:			
		Tampa, FL 33602			
cha age wa	inge ent v s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited habere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered c pility comp of the limited	ffice and the busi my, it is hereby o Tiability compan	ness office of the registered confirmed that the change(s)
		Mark Fuchs	Mark F	ichs. Authorized Pe	
	-	ture of a member or authorized representative of a member			typed name of signed
I h pro the to i	Ties	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change. Matk Fuchs	e to act in performanc for in Cha ereby confi	his capacity. I fu t of my duties, an oter 605, F.S. Or om that the limite	orther agree to comply with the d I am familiar with and accept if this document is being filed d liability company has been
Sig		re of Registered Agent			