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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Z THE ONE 1445 FL, LLC

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## **COVER LETTER**

		tration Section of Con					
SUBJECT		Z The One	1445 FL, LLC				
• • • • • • • • • • • • • • • • • • • •		Name of Limited Liability Company					
Dear Sir o	r Me	adam:					
The enclos	sed S	Statement o	of Correction and fee(s)	are submitted for filin	8.		
Please retu	oro a	ll correspo	ondence concerning this	matter to the followin	g:		
Arash Mo	stafa	avipour					
		<u>-</u>	Name of Person		_		
AZT Corp	oral	tion					
			Firm/Company		-		
16600 Da	ilas i	Parkway, S	Suite 300				
			Address		<del>-</del>		
Dalias, Te	XOS	75248					
· ·		Ci	ity/State and Zip Code		<b></b>		
amsh@az	tcoŋ	poration.co	om				
E-ma	ail ac	dress: (to	be used for future annua	l report notification)	_		
For further	r info	ormation c	concerning this matter, pl	ease call:			
Arash Mo	stafe	vipour		972 at (	418-0356		
	-	Name o	f Person	Area Code	Daytime Telephone Number		
		ne Addres			Street Address: Registration Section		
		sion of C Box 632	Corporations		Division of Corporations The Centre of Tallahassee		
			FL 32314		2415 N. Monroe Street, Suite 810		
					Tallahassee, FL 32303		
Enclosed i	is a c	check for	the following amount:				
□\$25 Filii	ng F	ce i	\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status &		
			Certificate of Status	Cerunea Copy	Certified Copy		

CR2E062 (9/15)

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## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRST: The n	name of the limited liability company is: Z The One 1445 FL, Li	
SECOND:	The Florida Document number of the limited liability comp	pany is:
THIRD:	Document to be corrected is: Foreign Qualification	
!	(CHECK THE APPROPRIATE BOX AND COMPLETE	THE APPLICABLE STATEMENT
	ains an incorrect statement. The incorrect statement, the reason	n the statement is incorrect, and the corrected
The a	authorized officers previously listed were incorrect. The correct li	isting of officers is as follows:
Zesha	an Tabani is the Manager and the President. Additionally, Arash	Mostafavipour is an Authorized Person.
OR Was o	defectively signed. The manner in which the document was de llows:	DEC.
		A 5
		<u> </u>
<u>OR</u>		5: 30 STATE FL
The c	electronic transmission of the record was defective.	
		12/5/22
$\overline{}$	Signature of Authorized Representative	Date
ccepting the c lew Registere hereby acceptorovisions of a bligations of	ed Agent's Signature, if changing Registered Agent; of the appointment as registered agent and agree to act in this all statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 60 ge in the registered office address, I hereby confirm that the lin	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept the 15, F.S. Or, if this document is being filed to merely
	Registered Agent's Signa	ature

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