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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 : (888)314-3998 Phone Fax Number : (518)514-1288

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

mail	Address:				
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LLC REGISTERED AGENT CHANGE ZULU DAWN, LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
ZULG DAWN, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fec(s) are submitted for filing
Please return all correspondence concerning this matter	to the following.
Joe DiGaetano	
Name of Person	
SPI Agent Solutions, Inc.	
Firm Company	
524 S 2nd Sc Ste 505	
Address	
Springfield IL 67201	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	zall
Jue DiGaetano S	12 309-1153
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 amoun	t:
☐ \$25 Filing Fee	☐ S55 Filling Fee & Certified Copy
N 1177 (A . A . A . A . A . A . A . A . A . A	

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	same of the limited liability company. ZULU DAWN, I	1.1.			
2. (a)	6271 St Augustine Rd Ste 24-1787		(b) 6271 St A	agustine Rd Ste 24-1787	
2. (4,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_	Mading address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	JACKSONVILLE, FL 32217		JACKSONVILLE, FL 32217		
	03/20/2023		M2300000	357x	
3.5. (a)	Date of filing/registration in Florada UNIVERSAL REGISTERED AGENTS, INC	-4.	•	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	 e			
	Registered Office Address - <u>(MUST BE FLORIDA STREET</u>) 1317 CALIFORNIA ST.	_			
	TALLAHASSEE, FI	32304		TALLAHI	
(b) _.	SPEAGENT SOLUTIONS INC.	AHASSEE PI			
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	address	FILEL PH 4: 01 TALLAHASSEE FLORID	
	NEW Registered Office Address.				
	1540 GLENWAY DR ,		-		
	TALLAHASSEE	32301	<u> </u>	_	
chang agent was-w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members (ticles of organization or the operating agreement of the	regist ability of the l	ered office and company, it is imited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
tedidiale Harry Rinstine			edidiah Harry R	····	
There prove the object to metallic neutring	ature of a member of authorized representative of a member why accept the appointment as registered agent and ag- stons of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in verting of this change. The content of this change.	perfor d for n	mance of my o n Chapter 605	duties, and I am familiar with and accept i, F.S. Or, if this document is being filed	