M24000009583

(Requestor's Name)	
(Address)	
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V	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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CALLAMASSEE, FLORIDA

CT CORP

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

Acc#I20160000072

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07/31/2024

Date:

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Name:	Zoolatech, LLC
Document #:	
Order #:	15794625
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& Amend:	
Plain Copy:	
Certificate of Good	
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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)

. ZOOLATECH LLC	~2
State: ZOOLATECH, LLC	
Enter new principal office address, if applicable:	LLANAS
(Principal office address	AS 3
MUST BE A STREET ADDRESS)	in the second se
-	
	9: 52 FLORIOA
Enter new mailing address, if applicable:	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	
-	N121000000582
2. The Florida document number of this limited liab	oility company is: M2400009583
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: $07/25/$	/2024
SECTION II (5-9 complete only the applicable ch	hanges)
5. New name of the limited liability company:	
(must o	contain "Limited Liability Company," "L.L.C.," or "LLC.")
716	
copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	d officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proper a and accept the obligations of my position as register	t and agree to act in this capacity. I further agree to comply wit ind complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
	anging Registered Agent, Signature of New Registered Agent

1221 BRICKWELL AVE. SUITE 900	□Ado
MIAMI, FL 33131	⊠Rem
1221 BRICKELL AVE, SUITE 900	⊠Add
MIAMI, FL 33131	□Rem
<u> </u>	□Add
	□Rem
TALLAHASSEE, FLO	9074 JUL 3 I Rem
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	MIAMI, FL 33131 1221 BRICKELL AVE, SUITE 900 MIAMI, FL 33131

Filing Fee: \$25.00