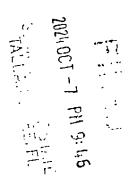
M24000012388

(Requestor's Name)						
(Address)						
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(, iddiloos)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/07/2024						
Name:	Patrice Rush						
	#:2521740						
	e:ZEPI	HYR FLORIDA, LLC					
	cles of Incorporation/Authoriz						
Ame	endment						
✓ Cha	Change of Agent						
Rein	nstatement						
☐ Con	version						
Mer	ger						
Diss	olution/Withdrawal						
☐ Ficti	tious Name						
Othe	er						
Authorized	Amount: \$25.00						
Signature:	(Pattle						



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/07/2024	
Name:	Patrice Rush	_
	e #: 2521740	_
	me: ZEPHYR	FLORIDA, LLC
	icles of Incorporation/Authorization	
Arr	nendment	
✓ Ch	ange of Agent	
☐ Re	instatement	
☐ Co	nversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
Oth	her	
Authorize	d Amount: \$25.00	••••••••••••••••••••••••••••••••••••••
Signature	Pull	

F: +852.2682.9790

COVER LETTER

TO:		ation Section n of Corporations						
SUBJ	ECT: _		ZEPHY	R FLOF	RIDA, LL	.c		
		Name of Limited Liability Company						
Dear S	Sir or Ma	dam:						
The er	nclosed R	egistered Agent/Registered Off	ice Cha	ange and	fee(s) a	re submitted for filing.		
Please	return al	l correspondence concerning th	is matte	er to the	followir	ng:		
		Michele DiPasquale						
		Name of Person						
		Firm/Company						
		30 Cooper Square Floor 10	_					
		Address						
		New York City, NY 10003						
		City/State and Zip Code						
		mdipasquale@zephyrhome.co						
I	E-mail ad	dress: (to be used for future ann	ual rep	ort notif	ication)			
For fu	rther info	ormation concerning this matter,	please	call:				
	P	Michele DiPasquale	at (_	801)	580-7572		
		Name of Person			Area	Code & Daytime Telephone Number		
	Registr Divisio Clifton 2661 E	etr/Courier address: ation Section n of Corporations Building xecutive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclos	ed is a check for the following	amou	nt:				
	■ \$25	Filing Fee		□ \$:	55 Filing	g Fee & Certified Copy		
INHS1	8 (2/14)							

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	ame of the limited liability company:		ZEPHYR FLORIDA, LLC			
2.	(a)	30 COOPER SQUARE, FLOOR 10		(b)3	0 COOPER SQUARE, FLOOR 10		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		NEW YORK, NY 10003	_		NEW YORK, NY 10003		
		9/30/2024			M24000012388		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T CORPORATION SYSTEM					
٥.	(4)	Registered Agent and Registered Office shown on the records of th	ida Dept. of Sta	te:			
		1200 SOUTH PINE ISLAND ROAD		20 0			
		Registered Office Address (MUST BE FLORIDA STREET A					
		PLANTATION FL_		33324	CT -7 PH 9: 46		
	(b)	Cogency Global Inc.			교는 <u></u> (교, ㅎ		
	(~)	Enter name of NEW Registered Agent and/or NEW Registered C	Office	address:	- - + 5		
		115 North Calhoun Street, Suite 4					
		NEW Registered Office Address:					
		Tallahassee , FL_		32301	_		
the ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the re bility f the l	gistered offic company, it i imited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
		/s/ Michele DiPasquale		Michel	e DiPasquale, Authorized Person		
_;	Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee		
pro the to	ovisi 2 obl mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided elv reflect a change in the registered office address, I h d'in writing of this change.	ee to e perfor I for it erehy	ict in this cap mance of my 1 Chapter 60 1 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been		
		/s/ Ashley Cepin, Asst. Secretary					

Signature of Registered Agent