

PO2000111644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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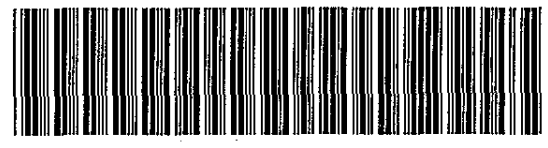
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ZEO MANAGEMENT, INC  
(Name of corporation)

**DOCUMENT NUMBER:** PO200011644

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

ODED YAHAV  
(Name of person)

ZEO MANAGEMENT, Inc  
(Name of firm/company)

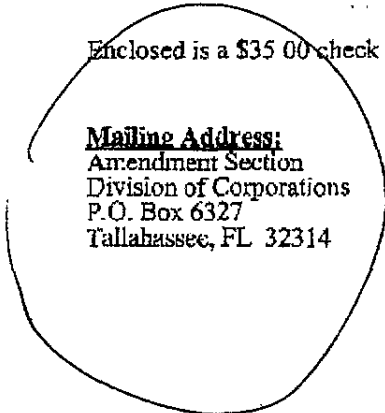
802 SW 124<sup>th</sup> TERRACE  
(Address)

DAVE, FL 33325  
(City/state and zip code)

For further information concerning this matter, please call:

ODED YAHAV at \*305, 684-6845  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.



**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607 0502, 617 0502, 607 1508, or 617.1508, Florida Statutes. this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Z E O MANAGEMENT

2. The principal office address: 802 SW 124<sup>th</sup> TERRACE  
DAVIE, FL 33325

3. The mailing address (if different): 802 SW 124<sup>th</sup> TER  
DAVIE, FL 33325

4 Date of incorporation/qualification: 10/16/2002 Document number PO200211624

5 The name and street address of the current registered agent and registered office on file with Florida Department of State:

GILAD ZACH  
880 B EAST OAKLAND PARK  
OAKLAND PARK, FL 33334

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

802 SW 124<sup>th</sup> TER  
DAVIE FL 33325  
(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change

X [Signature] ODED YAHAV  
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change

X [Signature] 8/6/2003  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity  
ODED YAHAV \_\_\_\_\_  
(Typed or Printed Name) (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO  
DIVISION OF CORPORATIONS, P O BOX 6327, TALLAHASSEE, FL 32314