

PO 9000098826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SHERIFF OF STATE
TALLAHASSEE, FLORIDA

AM
8-11-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZORRN Company, Inc
Name of Corporation

DOCUMENT NUMBER: P0900009826

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:

Matthew C. Baker

Name of Contact Person

ZORRN Company, Inc.

Firm/Company

210 NE 2nd St.

Address

Ocala, FL 34470

City/State and Zip Code

mbaker@zorrncompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Kesti

Name of Contact Person

at (352) **216-2693**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECY. OF STATE
FLORIDA

**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 26 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ZORRN Company, Inc.

2. The principal office address: 210 NE 2nd St.
Ocala, FL 34470

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/07/09 Document number: P09000098826

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Matthew Baker

709 SE 15th Ave.

Ocala, FL 34471

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

Matthew Baker

210 NE 2nd St.

P.O. Box NOT acceptable

Ocala, FL 34470

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FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.



Signature of officer or director

Matthew Baker, Pres

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.

07/24/2014

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314