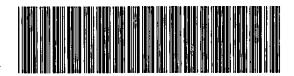
P120000 63488

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100278592701

11/02/15--01015--020 **35.00

2818 HOY - 2 AM II: UB

NOV 0 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Zig ZAG ZE BRA INC Name of Corporation		
DOCUMENT NUMBER: 17120000 43488		
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:		
Name of Contact Person 2ig 2Ag ZEBRA INC. Firm/Company		
4990 SW 72 AVE # 110 Address		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
VA NESSA ROORI OVEZ at (786, 708 - 1970) Name of Contact 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 Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

CR2E045 (03/12)

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 FLO FLOA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 2162AG ZEBRA, INC.
2. The principal office address: 4990 SW 72 AVE # 110
MIAMI, FL 33155
3. The mailing address (if different):
4. Date of incorporation/qualification: 7 19 2012 Document number: P120000 634 85
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)
CORPORATE CREATIONS
11380 PROSPERITY FARMS RO # 221E
PALM BEACH GARDEN, FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): INAYIENE MEDINA 100
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.
M. Medina Maylene Medina Signature of an officer or director Printed of 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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