

# PI 30000 106 72

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

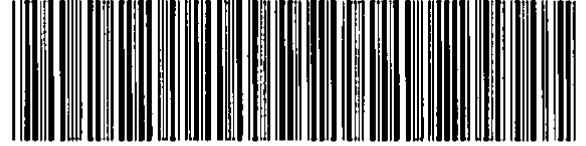
\_\_\_\_\_  
(Document Number)

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03/28/18--01034--003 \*\*10.00

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2018 SEP 27 P 2:02  
WELLS FARGO BANK, N.A.

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*Handwritten signature*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ZhengZi Corp

Name of Corporation

DOCUMENT NUMBER: P13000010672

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:

Trevor Robinson

Name of Contact Person

Firm/Company

566 John's Pass Ave

Address

Madeira Beach, FL 33708

City/State and Zip Code

trevor.x@gmail.com

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

For further information concerning this matter, please call:

Trevor Robinson

Name of Contact Person

at ( 727 ) 5155675

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2018

TREVOR ROBINSON  
566 JOHNS PASS AVE  
MADEIRA BEACH, FL 33708

SUBJECT: ZHENGZHI CORP.  
Ref. Number: P13000010672

We have received your document for ZHENGZHI CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Profit corporation the document you sent in is for a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 418A00018019

RECEIVED  
18 SEP 24 PM 1:55  
SECRETARY N. J. ...  
TALLAHASSEE, FL 32314

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

1. The name of the corporation: zhengzhi corp  
2. The principal office address: 566 john's pass ave Madeira Beach, FL 33708

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/31/13 Document number: P13000010672

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)

United States Corporation Agents Inc

13302 Winding Oaks Court Suite A

Tampa, FL 33612

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

Trevor Robinson

566 John's Pass Ave

P.O. Box NOT acceptable

Madreia Beach, FL 33708

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 authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Trevor Robinson

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

09/19/2018  
\_\_\_\_\_  
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 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED  
2018 SEP 27 PM 12:02  
TALLAHASSEE, FL