

P13000057989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

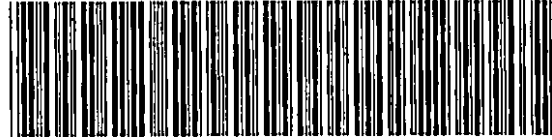
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 21 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2018

TERESA M GAFFNEY
OVERSTREET WEATH MGMJ, INC
5005 W LAUREL STREET STE 203
TAMPA, FL 33607

SUBJECT: ZMFS, INC.
Ref. Number: P13000057989

We have received your document for ZMFS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CURRENT REGISTERED AGENT MUST LISTED

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 418A00002494

RECEIVED
18 FEB 21 PM 2:35
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TAMPA, FL 33607

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Z M F S INC
Name of Corporation

DOCUMENT NUMBER: P 13 0000 57889

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:

TERESA M GAFFNEY
Name of Contact Person

OVERSTREET WEALTH MGMT., INC.
Firm/Company

5005 W. LAUREL ST., SUITE 203
Address

TAMPA FL 33607
City/State and Zip Code

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

For further information concerning this matter, please call:

TERESA M. GAFFNEY at (813) 287-1159
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

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: Z M F S, INC.
2. The principal office address: 5005 W. LAUREL ST, SUITE 203
TAMPA, FL 33607
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 4 JULY 2013 Document number: P13000057989
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)

~~RESIGNED~~ DOV SUSSMAN
5005 W. LAUREL ST., SUITE 203
TAMPA, FL 33607

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

TERESA M. GARKNEY
5005 W. LAUREL ST., SUITE 203
P.O. Box NOT acceptable
TAMPA, FL 33607

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SECOND FLOOR
TALLAHASSEE, FLORIDA

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] President
Signature of an officer or director 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] 1/31/2018
Signature of Registered Agent Date

If signing on behalf of an entity:
T
Typed or Printed Name

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