## P17000083308

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: ZenfiniTea, Inc. of Corporation	<del></del>
DOC	UMENT NUMBER: P17000083308	<del></del>
The e	nclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Pleaso	e return all correspondence concerning this ma	tter to the following:
Kristir	ne N Eigenbrode	
Name	of Contact Person	
Infinit	y Consumer Services, Inc.	
Firm/	Company	<del></del>
3521 U	Universal Plaza	
Addre	ess	<del></del>
New I	ort Richey, FL 34652	
City/S	State and Zip Code	<del></del>
	info@zenfinitea.com	
E-ma	il address: (to be used for future annual rep	oort notification)
For fu	orther information concerning this matter, pleas	ee call:
Kris E	ügenbrode	at (727 )364-6229  Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Dep	artment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of c	change is submitted for a corporation org	202, 607.1308, or 617.1308, Ftorida Statutes, this ganized under the laws of the State of Florida istered agent, or both, in the State of Florida.		
1. The name o	of the corporation: ZenfiniTea, Inc.			
2. The principal office address: 3501 Universal Plaza, New Port Richey, FL 34652				
3. The mailing	g address (if different):			
	. Date of incorporation/qualification: 5/18/16 Document number: P17000083308			
	and street address of the current registered partment of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)		
	MARQUES, ROBERT M 3501 UNIVERSAL PLAZA NEW PORT RICHEY, FL 34652			
		7019 SE SE		
6. The name a (if changed)		gent (if changed) and /or registered offices 22 PH 5: 24		
	Kris Eigenbrode	Enc. PH		
	3521 Universal Plaza			
	P.O. New Port Richey, FL 34652	Box NOT acceptable		
The street add as changed wi	dress of its registered office and the stre	et address of the business office of its registered agent,		
Such change vauthorized by	was authorized by resolution duly adop the board or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.		
Line		Kris Eigenbrode		
I hereby accel I further agree of my duties, a document is b	pute of an officer or director  ppt the appointment as registered agent is to comply with the provisions of all stand I am familiar with and accept the obeing filed merely to reflect a change in has been notified in writing of this change in	tatutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the		
Tria	Signature of Registered Agent			
If signing on t	behalf of an entity:			
KRIS 1	FIGENBRODE.			

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

Typed or Printed Name