P180000 54444

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(Requestor's Name)	
(Address)	<u> </u>
(Address)	<u> </u>
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<u> </u>
Special Instructions to Filing Officer:	
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Office Use Only



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U5/16/19--U1017--U22 **35.00

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Zattera Inc	
	Name of Corporation
DOCUMENT NUMBER: P18000	054444
The enclosed Statement of Change of Reg	stered Office/Agent and fee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
Jonathan J.	Koefman
	Name of Contact Person
Zattera Inc	
· · · · · · · · · · · · · · · · · · ·	Firm/Company
21221 Cypre	ess Park Circle
	Address
Estero, Floi	ida 33928
	City/State and Zip Code
zatterainc@	gmail.com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this ma	l atter, please culi:
Jonathan J. Koefman	at (956) 212 1070 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable	to the Department of State.
Mailing Address:	Street Address: tion Amendment Section
Amendment Sec Division of Corp	
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

* ***	502, 617,0502, 607.1508, or 617,1508, Florida Statutes, this
	ration organized under the laws of the State of Florida ice or registered agent, or both, in the State of Florida.
Ì	
1. The name of the corporation: Zattera Ir	Totale February Floride 22029
2. The principal office address: Z1ZZ1 Cy	press Park Circle, Estero, Florida 33928
2. The second se	
3. The mailing address (if different):	
4. Date of incorporation/qualification: June	e 18th, 2018 Document number: P18000054444
5. The name and street address of the current Florida Department of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
Legalinc Corporate	Services Inc.
5237 Summerlin Co	ommons, Suite 400
Fort Myers, FL 339	907
6. The name and street address of the new re (if changed):	gistered agent (if changed) and /or registered office
Elda N. Camacho N	Martinez SSF 5
21221 Cypress Par	k Circle
-	P.O. Box NOT acceptable
Estero, Florida 339	28 70 F
The street address of its registered office an as changed will be identical.	d the street address of the business office of its registered agent,
Such change was authorized by resolution cauthorized by the board or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.
J. Kvefnin	Jonathan J. Koefman, President
I hereby accept the appointment as register I further agree to comply with the provision performance of my dutics, and I am familia agent. Or, if this document is being filed m hereby confirm that the corporation has bec	ed agent and agree to act in this capacity, is of all statutes relative to the proper and complete is with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I
ELCH 2	05/13/2019
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	1
***	TLING 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)