

P190000 48436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

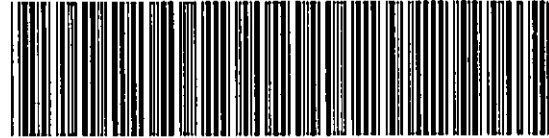
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 24 PM 12:41
STATE OF FLORIDA
TALLAHASSEE

R.A/CHG

JAN 27 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CZB Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Cecilia Davis
Name of Contact Person

CZB Solutions, Inc.
Firm/Company

6120 Edwards Rd.
Address

Margate, Fl. 33063
City/State and Zip Code

czb.solutions3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecilia Davis at (954) 240-1455
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2019

CECILIA DAVIS
6120 EDWARDS RD
MARGATE, FL 33063

SUBJECT: CZB SOLUTIONS INC
Ref. Number: P19000048436

2020 JAN 24 PM 1:59

RECEIVED

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

- The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00025901

* I am sending the remaining balance of \$10 -
I never received the \$25 money order, only
the documentation was returned -

Thank you,
Cecilia Davis -

www.sunbiz.org

October 29, 2019

To: Registration Section
Division of Corporations

From: Cecilia Davis
CZB Solutions, Inc.
Employer ID# 84-2123305
P19000048436

To whom it may concern,

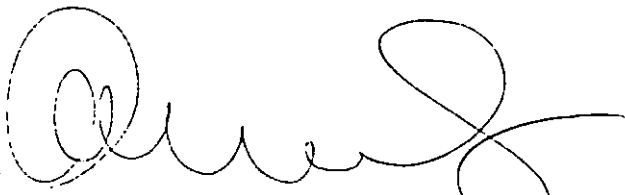
As the official Registered Agent of my corporation, CZB Solutions Inc., I would like to request my last name to be legally changed from "Cecilia Zoppi-Busch" to "Cecilia Davis". The reason is I recently got married.

Please proceed to change MY last name only, the name of the corporation is to remain the same.

Attached, please find the INHS18 form along with a copy of my marriage's license, and the \$25 fee.

Please, call me directly on my cell should you have any questions, 954-240-1455.

Thank you,

A handwritten signature in black ink, appearing to read 'Cecilia Davis', with a large, stylized flourish at the end.

Cecilia Davis (formerly known as Cecilia Zoppi-Busch)

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: CZB Solutions, Inc.
2. The principal office address: 6120 Edwards Rd. Margate, Fl. 33063

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 06/05/19 Document number: _____

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)

Cecilia Davis Zoppi-Busch
6120 Edwards Rd.
Margate, Fl. 33063

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

Cecilia Davis
6120 Edwards Rd.
Margate, Fl. 33063

PO Box NOT acceptable

2020 JAN 21 PM 12:41
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SECRETARY OF STATE
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.

Cecilia Davis

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]
Signature of Registered Agent

1/13/20

Date

If signing on behalf of an entity:

Cecilia Davis

Typed or Printed Name

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