

P190000 48436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

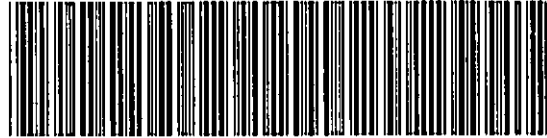
(Business Entity Name)

(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](http://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,

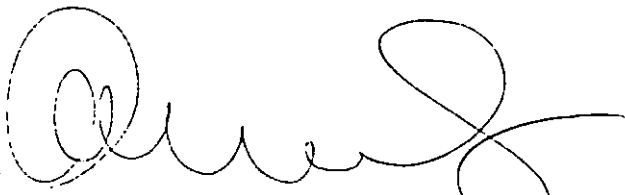
As the official Registered Agent of my corporation, CZB Solutions Inc., I would like to request my last name to be legally changed from "Cecilia Zoppi-Busch" to "Cecilia Davis". The reason is I recently got married.

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

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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.

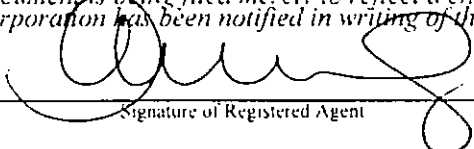
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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 of Registered Agent

1/13/20  
Date

If signing on behalf of an entity:

Cecilia Davis  
Typed or Printed Name

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