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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

2:56	Email Address:		21 AP
2021 APR - 9 PH 2	REGISTERED AGENT CHANGE JZEN ENTERPRISES CORP		PR -9 R PR -9
	Certificate of Status	0	
	Certified Copy	0	
	Page Count	02	
	Estimated Charge	\$35.00	

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STATEM	ENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of cha	inge is submitted for a corporation organized under the laws of the State of Fords
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: JZen Enterprises Corp
	office address: 7901 4th St N STE 300 St. Petersburg FL 33702
2. The principal	office address.
3. The mailing	address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702
4. Date of incor	poration/qualification: 07/01/2019 Document number: P19000054850
5. The name an Florida Depa	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	ZAMORA, GINA R
	3215 1st street SW
	Lehigh Acres, FL 33976
6. The name an (if changed):	Northwest Registered Agent LLC
	Northwest Registered Agent LLC
	7901 4th St N STE 300
	P.O. Box NOT acceptable
	St. Petersburg FL 33702

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.

AMOVA

Gina Zamora

4/2/2021

Printed or typed name and title

Date

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

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name

## \* \* \* F1LING 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)