## P20000036574

(Requestor's Name)
(Áddress)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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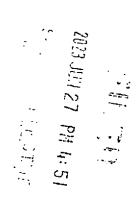
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800411098388

S. CHATHAM

06/27/23--01028--007 \*\*35.00



## **COVER LETTER**

Division of Corporations	*		
SHRIECT, Z9 VENTURES INC			
SUBJECT: 29 VENTURES INC Name of Corporation	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBER: P20000036574			
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
KATHI COLLESTER			
Name of Contact Person			
AROMA360 LLC			
Firm/Company			
433 PLAZA REAL, SUITE 375			
Address			
BOCA RATON, FL 33432			
City/State and Zip Code			
KCOLLESTER@Z9LEGAL	CÓM		
E-mail address: (to be used for future annua	al report notification)		
For further information concerning this matter,	please call:		
KATHI COLLESTER	at ( 561 ) 6354945  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: Amendment Section	Street Address:		
Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St nge is submitted for a corporation organized under the laws of the State of <mark>FL</mark> r to change its registered office or registered agent, or both, in the State of Fla	ORIDA		
1. The name of t	he corporation: Z9 VENTURES INC.			
2. The principal	office address: 38 NW 24TH STREET, MIAMI, FL 33127			<u> </u>
	ddress (if different):			_
4. Date of incorp	poration/qualification: 05/12/2020 Document number: P20000036	574		_
	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	n the		
	KOTLYAROV LAW OFFICES PLLC			
	4910 COMMUNICATION AVENUE, SUITE 200			
	BOCA RATON, FL 33431	:_ :_	2073.	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	ce	2073 JUST 27	tena a reger
	KOTLYAROV LAW OFFICES PLLC		<del></del>	ر د
	433 PLAZA REAL, SUITE 375	· <u>-</u> .	÷	1.50
	P.O. Box NOT acceptable BOCA RATON, FL 33432	1.	5	
The street addre as changed will	ess of its registered office and the street address of the business office of its be identical.	register	red agen	ıt.
Such change wa	is authorized by resolution duly adopted by its board of directors or by an one board, op the corporation has been notified in writing of the change.	officer s	0	
	re of an officer or director Printed or typed name and title	~	_4	11300
I karabu ayaant	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply an familiar with and accept the obligation of my position as registered as filed merely to reflect a change in the registered office address, I hereby the notified in writing of this change.	olete pc. agent. : confiri	rforman Or, if th m that th	ce nis ne
Sig	nature of registered regent			•
~ \ \	half of an entity:			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)