## P2310059262

(Decurated Name)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Samuel Sam, Tame)				
(December 1)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida St tion organized under the laws of the State of <u>Fl</u> e or registered agent, or both, in the State of Flo	L	
	he corporation: ZELLER COM		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. The principal	office address: 13194 US HW	Y 301 S PMB 421 RIVERVIEW, FL 33578		
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 08/11/2	2023 Document number: P2300005	9262	
	street address of the current ro tment of State: (If resigned, en	egistered agent and registered office on file with ter resigned)	the	
	ASSURED COMPLIANCE S	SERVICES, LLC		
	1615 WOODWARD ST			
	ORLANDO	FL 32803		
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered offic	re	
	Corporation Service Compar	ny		
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street addre as changed will	ss of its registered office and be identical.	the street address of the business office of its	egistered	
Such change wa authorized by th	s authorized by resolution du le board, or the corporation ha	ly adopted by its board of directors or by an oas been notified in writing of the change.	fficer so	DEC 1
/S/ Philip K. C	Calandrino	Philip K. Calandrino	CEO	8
Signatur	e of an officer or director	Printed or typed name and title	<u> </u>	75
l further agree t of my duties, an document is bei corporation has	the appointment as registered comply with the provisions of I am familiar with and acceng filed merely to reflect a child been notified in writing of the Service Company	I agent and agree to act in this capacity, of all statutes relative to the proper and compet the obligation of my position as registered ange in the registered office address, I hereby is change.	lete perfor agent - Ok confirmati	emança if this hat the
By: Marca	7-Kubi.	12/13/2024		
Sigi	nature of Registered Agent	Date		
If signing on be	half of an entity:			
GRACE E. KI	RBY, ASST. VICE PRESID	ENT		
Ty	ped or Printed Name	<del></del>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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