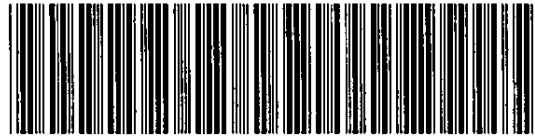


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

SEP 25 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2008

DAVID WINKER
312 MINORCA AVENUE
CORAL GABLES, FL 33134

SUBJECT: ZP&W LOGISTICS, LLC
Ref. Number: L04000075622

We have received your document for ZP&W LOGISTICS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 708A00046981

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 24 PM 12:44

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZP & W Logistics, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Winker, Esq.
(Name of Person)

Zumpano Patricios & Winker, P.A.
(Firm/Company)

312 Minorca Avenue
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

David Winker at (305) 444-5565
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Z P & W Logistics, LLC

2. (a) Principal office address of limited liability company: 312 Minorca Avenue
Coral Gables, FL 33134
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 312 Minorca Avenue
Coral Gables, FL 33134
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 10/19/04

4. Document number: L0400005622

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of
Registered Agent: David Winker
Registered Office Address: 999 Ponce de Leon Blvd
Coral Gables, FL 33134

2008 SEP 24 11:11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: David Winker, Esq.
NEW Registered Office Address: 312 Minorca Avenue
(MUST BE FLORIDA STREET ADDRESS) Coral Gables, FL 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

David Winker
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00