

L06000059337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

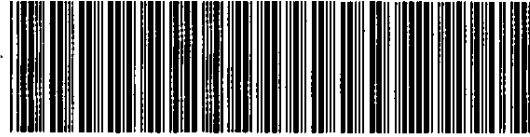
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000183111000

07/12/10--01031--002 \*\*25.00

FILED  
10 JUL 12 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 13 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zerbarini Financial, 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:

Steve Zerbarini  
Name of Person

Zerbarini Financial, LLC  
Firm/Company

100 Main Street, Suite 205  
Address

Safety Harbor, FL 34695  
City/State and Zip Code

Steve@ZFLLC.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Zerbarini at ( 727 ) 216-3726  
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

**FILED**  
10 JUL 12 AM 9:42  
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: Zerbarini Financial, LLC

2. (a) Principal office address of limited liability company: 100 Main Street



**(Note: MUST BE STREET ADDRESS)**

Suite 205  
Safety Harbor, FL 34695

(b) Mailing address of limited liability company: 100 Main Street



**(Note: MAY BE POST OFFICE BOX)**

Suite 205  
Safety Harbor, FL 34695

07/07/2010

L06000059337

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Steve Zerbarini

Registered Office Address: 36466 US Highway 19N  
Palm Harbor  
FL 34684

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Steve Zerbarini

NEW Registered Office Address: 100 Main Street  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 205  
Safety Harbor, FL 34695

FILED  
10 JUL 12 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

STEVE ZERBARINI  
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