F1500000039110

(F	Requestor's Name)				
(£	Address)				
	Address)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL				
(E	Business Entity Name)				
		_			
(Document Number)					
ertified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
Special Instructions t	o Filing Officer:				

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ZPMC USA

Name of Corporation

POCLIMENT NUMBER: F15000003910

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing,

Please return all correspondence concerning this matter to the following:

David Rodriguez

Name of Contact Person

ZPMC NA EAST COAST INC.

Firm/Company

6043 NW 167th St., Ste A26

Address

Hialeah, FL 33015

City/State and Zip Code

davidrodriguez@zpmc.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Rodriguez

Name of Contact Person

at (786) 899-0209

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of \underline{F} registered agent, or both, in the State of Fi	lorida
1. The name of	the corporation: ZPMC NA EA	ST COAST INC.	
2. The principal	office address: 6043 NW 167	th Street STE A26 Hialeah, FL	33015
3. The mailing a	address (if different): 6043 NW	167th Street STE A26 Hialeah,	FL 33015
4. Date of incor	poration/qualification: 09/13/17	Document number: F15000	0003910
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file wit resigned)	h the
	ZPMC NA EAST COAST	ΓINC.	
	3990 Centurion Way Fer	rnandina Beach, FL 32034	
	William Patrick Ragan ar	nd/or Edward Johnston	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered offi	ice 23:
	ZPMC NA EAST COAST	ΓINC.	, ,
6043 NW 167th Street STE A26 Hialeah, FL 33015			_
		ox NOT acceptable	Temps construction
The street addre	David Rodriguez ess of its registered office and the be identical.	street address of the business office of its	င္ဘာ ဟ registered agent.
Such change wa	as authorized by resolution duly ac	dopted by its board of directors or by an o een notified in writing of the change.	
Mille	re of an officery director	11/18/19 SUP FIRM	
I haraby account	the ampointment as recistored and	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and comp and accept the obligation of my position to reflect a change in the registered office ified in writing of this change.	
Dai	rid Rodriguez	11/18/19	
		Date	
	half of an entity;		
	PODRIGUEZ Sped or Printed Name		

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

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