# F15000003910

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#### COVER LETTER

TO: Amendmer	nt Section Division of Corporatio	ns		
SUBJECT: ZP	MC NA EAST	COAST INC	<u></u>	
	m150000	of Corporation		
DOCUMENT NUM	· · ·	<u> </u>		
The enclosed Amen	dment and fee are submitted for	filing.		
Please return all cor	respondence concerning this mat	ter to the following:		
Willian	Name of Contact Person			
<u> </u>	Firm/Company			
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PATTA E-mail addres	10 De used for future annual re	cport notification)		
For further informa	tion concerning this matter, pleas	se call:		
William	_		2990 ext 10. Telephone Number	2
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\$\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy	

### Mailing Address:

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

#### Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

F15000003910

(Document number of corporation (if known)
ZPMC NA EAST COAST INC
(Name of corporation as it appears on the records of the Department of State)
DELAWAFE  (Incorporated under laws of)  3. 9.3.2015 (Date authorized to do business in Florida)
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?
<ol> <li>(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)</li> </ol>
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
(New jurisdiction)
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address Tyr	oe of Action
<u>\bar{V}</u>	JAMES ANASTASIO	410 POUTE 34 STEZZ	DAdd
			_ Stemove
$\overline{\mathcal{D}}$	CHEN QIANG	3261 DONG FANG	_ 🗆 Add
		RD	emove
<u>S</u> _	DAVID PODRIBUEZ	6043 NW 167th ST	_ Ardd
		STEAZO HIGHERMATZ	_ □Remove
<u>S_</u>	DAVID DI RUGLIA	6043 NW 167th ST	•
		STEAZO Hialeah FZ 33015	
			_ □Add
			_ □Remove
10. Attached is a of the applica under the law	11/1/1/1/	videncing the amendment, authenticated not mor ary of State or otherofficial having custody of cor	
11/11	(Signature of a direct a receiver or other c	ror, president or other officer - if in the hands of ourt appointed fiduciary, by that fiduciary)	20 FEB
<del>- 441</del>	(Typed or printed name of person signing)	(Title of person s	igning), 7. $\omega$
		FILING FEE \$35.00	AMO:0