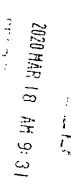
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Centified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS
MAR 1 9 2020



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Ą

Account#: I20000000088

Date:	03/18/2020	
Name:		<u></u>
Reference #:	4200504	
Entity Name:	ZPMC NA	EAST COAST INC.
	s of Incorporation/Authorizat	on to Transact Business
Amend	dment	
✓ Chang	e of Agent	
☐ Reinst	atement	
Conve	rsion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized A	mount: \$35.00	

F: 800.944.6607

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

in oracr to ch	ange its registered office or re	organized under the laws of th		WARE	
1. The name of the corporation:					
	address:				
	lmar Blvd., Suite 203	Wall Township	NJ	07753	
3. The mailing address	s (if different):				
4. Date of incorporatio	n/qualification: 09/13/	17 Document number	:F150000	003910 🔀	
5. The name and street Florida Department	an/qualification: 09/13/ address of the current register of State: (If resigned, enter res	0 /	on file with the	MAR 18	
	ZPIVIC NA	EAST COAST INC.			
	6043 NW 167	TH STREET, STE A26			
	HIALEAH	FL	33015	. မှ <u>မော်</u>	
	COGEN	CY GLOBAL INC.			
		oun Street, Suite 4			
		oun Street, Suite 4 NOT acceptable Florida	32301		
as changed will be iden	P.O. Box Tallahassee as registered office and the stratical.	Florida Florida eet address of the business o	ffice of its register	_	
Such change was authorauthorized by the board	P.O. Box Tallahassee as registered office and the structure. brized by resolution duly adopt, or the corporation has been	Florida Florida eet address of the business of the directors in notified in writing of the characteristics. William Ragan	or by an officer so ange.	0	
Such change was authorized by the board authorized by the board signature of an of the large to composite the application and the properties of the composite of the same agent. Or, if this documents of the same agent.	P.O. Box Tallahassee as registered office and the structure. brized by resolution duly adopt, or the corporation has been	Florida eet address of the business of the characteristic of the characteristic of the proper of the control of the contro	or by an officer so ange. Secreta name and little activ. Tand complete y position as regis ered office address	o nry	
Such change was authorized by the board authorized by the board signature of an of the apple of	Tallahassee Is registered office and the structical. Drized by resolution duly adopted, or the corporation has been different as registered agent bly with the provisions of all sies, and I am familiar with an ment is being filed merely to recorporation has been notified.	Florida eet address of the business of the business of the business of the business of the directors of the characteristic of the characteristic of the property of the prope	or by an officer so ange. Secreta name and little activ. Tand complete y position as regis ered office address	o nry	
Such change was authorized by the board authorized by the board signature of an of I hereby accept the apple of further agree to complete formance of my duting agent. Or, if this documer by confirm that the	Tallahassee Is registered office and the structical. Drized by resolution duly adopted, or the corporation has been different as registered agent bly with the provisions of all sies, and I am familiar with an inent is being filed merely to recorporation has been notified degistered Agent	Florida eet address of the business of the characteristic of the characteristic of the proper of the control of the contro	or by an officer so ange. Secreta name and little activ. Tand complete y position as regis ered office address	o nry	

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