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C. GOLDEN JUL 2 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations							
·							
SUBJECT: ZIMMER INVESTMENTS INC Name of Corporation							
Name of Corporation							
DOCUMENT NUMBER: J95164							
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:							
BRICE J BRODFUHRER Name of Contact Person							
Name of Contact Person							
ZIMMER INVESTMENTS INC							
1 mil/Company							
7493 NC HWY 16 S							
Address							
MORAVIAN FALLS NC 28654							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
BRUCE J BROOF OHRIER at (407) 314-7231 Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00-check-made payable to the Department of State.							
Mailing Address: Amendment Section Street Address: Amendment Section							
Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building							
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301							

CR2E045 (03/12)

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

Pursuant to the provisions of sections statement of change is submitted for in order to change its regineration.	r a corporation orga	ınized under	the laws of	the State of	Florida
1. The name of the corporation:	ZIMMER	INVEST	MENTS	INC	
2. The principal office address:	7493 NC	Itma	16 S		
	MORAVIAN	FALLS	NC	28654	
3. The mailing address (if different)):		<u></u>		
4. Date of incorporation/qualification5. The name and street address of the Florida Department of State; (If it is a context of the context	ne current registered	agent and re			
BRUCE	J BRODFU		(REGIGNE	~)
1415			<u></u>	() 	
	SPRINGS !		704	<u> </u>	2017 J
6. The name and street address of the (if changed):		ent (if chang	ged) and /or	registered o	FILED LANGSE FOR LORID
32	5 TRAIL	BLAZEI T acceptable	_		- Riggs
The street address of its registered as changed will be identical.	office and the stree	et address of	the busines	ss office of	ts registered agent.
Such change was authorized by reauthorized by the board, or the constitution of the co	poration has been n	iotified in w	riting of the	ors or by an change. Brober Brober	i I
I hereby accept the appointment a I further agree to comply with the performance of my duties, and I at agent. Or, if this document is being hereby confirm that the corporation	s registered agent a provisions of all sta n familiar with and w filed merely to re	and agree to atutes relati accept the flect a chan	act in this ove to the proobligation of ge in the re	capacity. oper and con of my position gistered offi	mplete in as registered
Signature of Registered Ager	nt			9//7 Date	
If signing on behalf of an entity:					
Typed or Printed Name	<u> </u>				
Alex or Chinese Lands	* * * FILING F	EE: \$35.00	* * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)