

L03000048951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

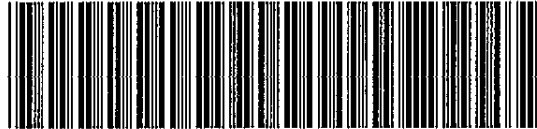
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400060150994

10/12/05--01027--023 **25.00

FILED

05 OCT 12 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 OCT 12 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ED

DATE: 10/12/05

REF. #: 1133.43278

CORP. NAME: ZP&W CONSULTING, LLC

FILED
05 OCT 12 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT | | |

STATE FEES PREPAID WITH CHECK# 514552 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR
LIMITED LIABILITY COMPANY**

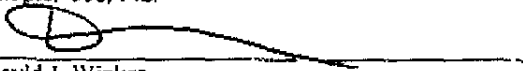
Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is ZP&W Consulting, LLC.
2. The mailing address of the limited liability company is 999 Ponce de Leon Boulevard, Penthouse 1110, Coral Gables, Fl 33134.
3. The limited liability company was formed on December 2, 2003 and assigned document number L03000048951.
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State is CorpDirect Agents, Inc., 103 Meridian Street, Tallahassee, Fl 32301.
5. The name and address of the new registered agent is David Winker, Esq., 999 Ponce de Leon Boulevard, Penthouse 1110, Coral Gables, Fl 33134.

It is hereby confirmed that the forgoing change was duly authorized by the members of the limited liability company.


By: David J. Winker
Its: Chief Operating Officer

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.


David J. Winker

FILED
05 OCT 12 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA