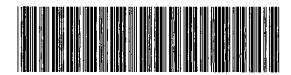
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		

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T. CLINE

SEP 25 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2008

DAVID WINKER 312 MINORCA AVENUE CORAL GABLES, FL 33134

SUBJECT: ZP & W INVESTIGATIONS, LLC

Ref. Number: L04000015343

We have received your document for ZP & W INVESTIGATIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 908A0004693

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ZP+W Fruestigations LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	g.	•
Please return all correspondence concerning this matter to the following:		
David Winker, Esq. (Name of Person)		
Zunçans Patricios & Winker, P.A. (Firm/Company)		
312 Minorca Avenue		
(City/State and Zip Code)	3008 SEP 24 PH 12: 42 SEGRETARY OF STATE TALLAHASSEE, FLORIDA	on Carponial
For further information concerning this matter, please call:	SI HZ	F
David Winker at (305) 444-5565	* 42 ATE PRIDA	
(Name of Person) (Area Code & Daytime Telephone Number	ber)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Conv		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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.

Name of the limited liability company:	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	312 Minorca Avenue Coral Gables, Fl 33134
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	312 Minorca Avenue Coral bables, Fl 33134
2/26/04	L04000015343
3. Date of filing/registration in Florida 4.	Document number
5. (a) Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:
Registered Agent:	David Winker
Registered Office Address:	GOOR Gables, FI 3日本日
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address: SEP 24
NEW Registered Agent;	David Winker Togas
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Coral bables, FI 331345
If the limited liability company is not organized under the law that after the change or changes are made, the Florida street a office of the registered agent will be identical. Or, in the case hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of c limited liability company.	ddress of the registered office and the business
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop- am familiar with and accept the obligations of my position as F.S. Or if this document is being filed to merely reflect a cha- confirm that the limited liability company has been notified in	ee to act in this capacity. I further agree to er and complete performance of my duties, and I registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change.
(Signature of Begistered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00