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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: ZP&W Realty, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Leon N. Patricios Name of Person ZP&W Realty, LLC 312 Minorca Ave. Coral Gables, FL 33134 City/State and Zip Code lpatricios@zpwlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leon N. Patricios Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **☎** \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy

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.

1.	Nai	me of the limited liability company: ZP&W Realty, LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	312 Minorca Ave Coral Gables, FL 33134
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	312 Minorca Ave Coral Gables, FL 33134
09/	10/200	04	L04000066690
3.	Dat	e of filing/registration in Florida	Document number
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
		Registered Agent:	David J, Winker
		Registered Office Address:	312 Minorca Ave Coral Gabies, FL 33134
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	312 Minorca Ave Coral Gables. FL 33134 FET
and lial the the	ntirn d the bility me ope	imited liability company is not organized under the landed that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	ws of the State of Florida it is hereby :
		of a member or authorized representative of a member	
Prin I h con and Ch add	nted of nerel nply d I a apte dres.	or typed name of signee by accept the appointment as registered agent and age with the provisions of all statutes relative to the pro- im familiar with and accept the obligations of my pos- ir 608. F. S. Or, if this accument is being filed to mere s, I hereby confirm that the limited liability company e of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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