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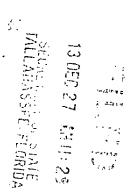
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZP&W Land Holdings IV, 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 Land Holdings IV, LLC

Firm/Company

312 Minorca Ave.

Address

Coral Gables, FL 33134

City/State and Zip Code

Ipatricios@zpwlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon N. Patricios

...305

444-5565

Name of Person

Area Code & Daytime Telephone Number

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

■ \$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.	Name of the limited liability company: ZP&W Land Holdings IV, LLC		
2.	(a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	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
11/	23/200	95	L05000113368
3.	Dat	e of filing/registration in Florida	Document number
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
		Registered Agent:	DAVID J. VYILIKOI
		Registered Office Address:	312 Minorca Ave
			Coral Gables, FL 33134
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	V Registered Office address: Leon N. Patricios 312 Minorca Ave
		(MUST BE FLORIDA STREET ADDRESS)	Coral Gables, FL 33134
			,FL
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vo the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.			
Pri	inted	ratricios or typed name of signee	The to get in this capacity I further arree to
co an Cl ad	mpi) d I d iapte ldres	by accept the appointment as registered agent and as with the provisions of all statutes relative to the proum familiar with and accept the obligations of my poser 608, F.A. Or, if this document is being filed to mens, I hereby confirm that the limited liability company	per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office
Sig	gnatui	e of Registered Agent	

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