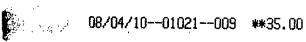
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S. HAWKES

AUG 1 3 2010

EXAMINER

S. HAWKES

AUG 6 2010

EXAMINER



August 6, 2010

DAVID J ZAPPITELL 200 NE 2ND AVE 103 DELRAY BEACH, FL 33444

SUBJECT: ZAPPITELL LAW FIRM, PL

Ref. Number: L09000041817

We have received your document for ZAPPITELL LAW FIRM, PL 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 310A00018955

www.sunbiz.org

Division of Commentions D.O. DOV COOF Well-1 El. 11, 0001

COVER LETTER

_	istration Section sion of Corporations	
SUBJECT:	Zappitell Law F Name of Limited Lin	irm, P.L. ability Company
Dear Sir or	Madam:	
The enclose	d Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matte	r to the following:
		5
	wid J. Zappitell Name of Person	
Za	ppitell Law Firm, P.L. Firm/Company	
200	N.E. 2rd Ave. #103	
_ Del	vay Beach, To 3344 City/State and Zip Code	14
da	vide bocarator law.c	
		,
For further	information concerning this matter, please	call:
- Che	Name of Person at (576	Area Code & Daytime Telephone Number
Regi Divi Clift 2661	stration Section sion of Corporations on Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enc	losed is a check for the following amoun	t:
Пs	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:	tell Law Firm, P.L.		
2. (a) Principal office address of limited liability company	: 200 NE and Avenue #10		
(<u>Note: MUST BE STREET ADDRESS</u>)	Delray Beach, Fr 33444		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as street		
	FILE 612 P		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	A STATE OF THE STA		
Registered Agent:	David J. Zappitell		
Registered Office Address:	Delray Beach, FL 33444		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	W Registered Office address:		
NEW Registered Agent:	200 Nr 210 Ave. #103		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Netray Beach, FL 33444		
If the limited liability company is not organized under the confirmed that after the change or charges are made, the Fland the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
Signature of a member or authorized representative of a member	<i>y</i> .		
Printed or typed name of signee	- -		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutel relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the fimiled liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			