## L10000013598

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Zepol Holdings, Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Jaime Lopez	-	
Name of Person		
Zepol Holdings, LLC		
Firm/Company	7	
P.O. Box 520506	SEP -9	
Address		
Miami, Fl. 33152	PM 3: DF STA	
City/State and Zip Code	ATE RIDE	
ssilvialopez@aol.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matt	ter, please call:	
Silvia Lopez	_ <sub>at (</sub> 305 <sub>)</sub> 691-6337	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananaooog, ranaa 220 ra	
Enclosed is a check for the following	ng amount:	

□ \$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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the er to change its registere	ed office or registered
1. Name of the limited liability company: Zepol Holdings LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 3275 NW 41 St Miami Fl 33142	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 520506 Miami Fl 33152	
02/02/2010	L10000012598	·
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:
Registered Agent:	Jaime Lopez	<del></del>
Registered Office Address:	550 Biltmore Way Ste 209	·
	Coral Gables Fl. 33134	<b>ジ</b> タ 選
		S S S
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office add	I S C
NEW Registered Agent:	Jaime Lopez	me z M
NEW Registered Office Address:	3275 NW 41 St	S S S
(MUST BE FLORIDA STREET ADDRESS)	mìami	F) 33142
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	lorida street address of the	e registered office Florida limited
Jaime Lopez	_	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, P.S. Or if this document is being filed to me address, I hereby confirm that the limited liability company	ngree to act in this capaci oper and complete perfor osition as registered agen erely reflect a change in th y has been notified in wri	ly. I further agree to mance of my duties, t as provided for in the registered office ting of this change.
Signature of Registered Agent		

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