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S. YOUNG

,	COVER	LETTER				
ΓO: Registration Section	Registration Section					
Division of Corporations						
ZPC, LLC SUBJECT:						
	of Limited 1	Liability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and	d fee(s) are submitted for filing.				
Please return all correspondence concerning this m	natter to the	following:				
Mark Zmijewski						
Name of Person						
ZPC, LLC						
Firm/Company						
26411 Woodlyn Drive						
Address						
Bonita Springs FL 34134						
City/State and Zip Code		_ _				
z@mez2.com						
E-mail address: (to be used for future annual	report noti	fication)				
For further information concerning this matter, plo	ease call:					
Mark Zmijewski	312	618-8543				
Name of Person	at (Area Code & Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed-is a check for the following an	nount:					
■ \$25 Filing Fee		355 Filing Fee & Certified Copy				
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. Na	ame of the limited liability company: ZPC, LLC					
2 (2)			(h)			
Z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability compa- (Note: MAY BE POST OFFICE BOX	ny:
	26411 Woodlyn Drive			26411 W	oodlyn Drive	
	Bonita Springs FL 34134			Bonita Sp	orings FL 34134	
	12/07/2017		1.	17000250	0707	
3.	Date of filing/registration in Florida	— 4.	-		Document number	
5. (a)						
J. (-)	Registered Agent and Registered Office shown on the records of	of the Flo	rida I	Dept. of Sta	ite:	
	Jessica Merrill				20	
	Registered Office Address (MUST BE FLORIDA STREET		2020 JAN OELART JINISION (JINISION (-77		
	999 Vanderbilt Beach Road, Suite 606				AN AN AN	1 1
	Naples, F	L_34108	3		23 TMEN OF C 1ASS	7,500,700
	· .	1			ORPUT OF	M
(b)					- Si	U
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	add	ress:	7: 07 STATE DRATIUM PLORIES	
	Law Office of Eric L. Solomon, P.A.				<i>2.</i> —	
	NEW Registered Office Address:				-	
	27299 Riverview Center Boulevard, Suite 209					
	Bonita Springs	L 34134	;			
	, F	L			_	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist liability of the l e limite	terec con limit d lia	l office a pany, it ed liabili bility co	nd the business office of the register is hereby confirmed that the change ity company or as otherwise provide mpany.	red :(s)
		_	M	ARK	Printed or typed name of signee	
_	ture of a member of authorized representative of a member					
provisi the obl to meri	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address. If it is change, and writing of this change.	gree to de e perfoi led for it l hereby	act i rmai n Cl r cor	n this cap ice of my apter 60 ifirm thai	pacity. I further agree to comply wi duties, and I am Jamiliar with and 15, F.S. Or, if this document is being t the limited liability company has b	th the accept g filed eeen
Signatu	re of Registered Agent Eric L. Solomon					
	Division of Corporations • P.O.	. Box 6:	327	Tallah	assee, FL 32314	
	FILING					