## P9700010327U

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Davidson Fall), Name			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO:		Section Corporations			
SUBJ	ECT:	EPI Southbrid	ge Two, Inc.		
DOC	UMENT NUN	1BER: P9	7000103276		
The e	nclosed Statem	ent of Change of Registered Off	Tice/Agent and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter to the following:					
	_	Grant 7 Name of 0	F. Downing Contact Person		
	Godbold, Downing & Bill				
	Firm/Company				
	222 W. Comstock Avenue, Suite 101				
	Address				
	Winter Park, FL 32789 City/State and Zip Code				
		E-mail address: (to be used fo	r future annual report no	otification)	
For further information concerning this matter, please call:					
	G	rant T. Downing	407	647-4418	
		e of Contact Person	Area Code & Da	647-4418 ytime Telephone Number	
Enclo	sed is a \$35.00	check made payable to the Dep	eartment of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Buil	Section Corporations ding tive Center Circle	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change i	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Si is submitted for a corporation organized under the laws of the State of $F$ change its registered office or registered agent, or both, in the State of Fl	lorida
· · · · · · · · · · · · · · · · · · ·		orrau.
	orporation: <u>EPI Southbridge Two, Inc.</u> ce address: 359 Carolina Avenue, Suite 200, Winter Park, FL	32789
2. The principal office	e address: OOS Odrollina //Volide, Odite 200, VVIIItel 1 dirk, 1 E	02.00
3. The mailing addres	ess (if different):	
4. Date of incorporati	tion/qualification: 12/08/1997 Document number: P	97000103276
	eet address of the current registered agent and registered office on file with nt of State: (If resigned, enter resigned)	
<u>C.</u>	Thomas Selby	
300	0 International Parkway, Suite 300	
He	eathrow, FL 32746	- 6 CO
6. The name and stree (if changed):	eet address of the new registered agent (if changed) and /or registered office	12 JUH -8 PH 12: 46
Gra	ant T. Downing	
222	2 W. Comstock Avenue, Suite 101	_
\\/ir	P.O. Box NOT acceptable  nter Park, FL 32789	
	of its registered office and the street address of the business office of its dentical.	
Such change was au authorized by the bo	athorized by resolution duly adopted by its board of directors or by an oard, or the corporation has been notified in writing of the change.	officer so
	<u> 191</u>	
•	an officer of director Printed or typed name and tit approintment as registered agent and agree to act in this capacity.	
I further agree to co of my duties, and I a document is being fl corporation has bee	appointment as registered agent and agree to act in this capacity. Ombly with the provisions of all statutes relative to the proper and com The familiar with and accept the obligation of my position as registered hed merely to reflect a change in the registered office address, I hereb In notified in writing of this change.	plete performance I agent. Or, if this by confirm that the
There	6/5/12	
Signature	e of Registered Agent Date	
If signing on behalf	of an entity:	
Typed o	or Printed Name	
t y pour o	**********	

\* \* \* FILING FEE: \$35.00 \* \* \*