

L17000072770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

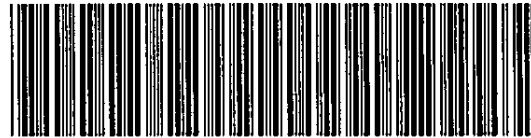
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600303155216

09/05/17--01006--011 \*\*25.00

FILED  
17 SEP -5 AM @ 4:9  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

SEP 07 2017

Y GULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDG HOSPITALITY ALPHARETTA 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:

Noel Epelboim

Name of Person

EDG ALPHARETTA MANAGEMENT, LLC

Firm/Company

20200 W. DIXIE HWY STE 908

Address

MIAMI, FL 33180

City/State and Zip Code

info@epelboim.com

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

For further information concerning this matter, please call:

Noel Epelboim at ( 305 ) 6775147  
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 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.

1. Name of the limited liability company: EDG HOSPITALITY ALPHARETTA LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

20200 W. DIXIE HWY STE 908

MIAMI, FL 33180

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

20200 W. DIXIE HWY STE 908

MIAMI, FL 33180

03/30/2017

3. Date of filing/registration in Florida

L17000072770

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

EDG ALPHARETTA MANAGEMENT, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

175 SW 7TH ST STE 1702

MIAMI, FL 33130

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

20200 W. DIXIE HWY SUITE 908

MIAMI, FL 33180

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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Noel Epelboim  
Signature of a member or authorized representative of a member

Noel Epelboim

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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