

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000049533

Entity Name: EPI-WILDFLOWER, LLC**Current Principal Place of Business:**359 CAROLINA AVENUE
SUITE #200
WINTER PARK, FL 32789**Current Mailing Address:**359 CAROLINA AVENUE
SUITE #200
WINTER PARK, FL 32789 US**FEI Number:** 26-0145333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWNING, GRANT T
222 WEST COMSTOCK AVENUE
SUITE 101
WINTER PARK, FL 32789 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** GRANT DOWNING

03/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	PUGH, JAMES HJR
Address	359 CAROLINA AVENUE, SUITE #200
City-State-Zip:	WINTER PARK FL 32789

Title	MGRM
Name	SAND, MEREDITH
Address	359 CAROLINA AVE, SUITE #200
City-State-Zip:	WINTER PARK FL 32789

Title	AUTHORIZED REPRESENTATIVE
Name	SAND, JUSTIN
Address	359 CAROLINA AVENUE SUITE #200
City-State-Zip:	WINTER PARK FL 32789

Title	AUTHORIZED REPRESENTATIVE
Name	DAVIS, MCCARLEY
Address	359 CAROLINA AVENUE SUITE #200
City-State-Zip:	WINTER PARK FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN SAND**AUTHORIZED REP**

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date