

A99 00000 1486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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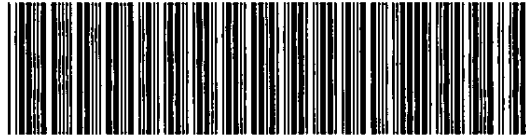
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 08 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPD Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000001486

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Laurel J. Hergert

Contact Person

EPD Associates, Ltd.

Firm/Company

20 Community Place

Address

Morristown, NJ 07960

City, State and Zip Code

ljhergert@richardsandrobbins.com

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

For further information concerning this matter, please call:

Laurel J. Hergert

Name of Contact Person

at (973)

Area Code and Daytime Telephone Number

539-1451

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EPD Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. September 9, 1999 3. A99000001486
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Judith Richards
Name
19451 Cedar Glen Drive
Address
Boca Raton, FL 33434
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

David Richards
Name
3626 Fair Oaks Place
Florida street address (P.O. Box not acceptable)
Long Boat Key FL 34228
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Eric Roberts, President of General Partner
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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