

10/23/2009 5:05 FAX 85015943131

POWLER WHITE

10/23/2009

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BOGGS, P.A. - JACKSONVILLE  
Account Number : 120040000146  
Phone : (904) 598-3100  
Fax Number : (904) 446-2636

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TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE**

**EPTA PROPERTIES V, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

**T. CLINE**

OCT 26 2009

**EXAMINER**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EPTA Properties V, 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:

Daniel B. Nunn, Jr., Attorney  
Name of Person

Fowler White Boggs P.A.  
Firm/Company

50 N. Laura Street, Suite 2800  
Address

Jacksonville, FL 32202  
City/State and Zip Code

daniel.nunn@fowlerwhite.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel B. Nunn, Jr., Attorney at ( 904 ) 598-3118  
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

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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 608.416 or 608.508, 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: EPTA Properties V, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒

(Note: **MUST BE STREET ADDRESS**)

9995 Gate Parkway N., Suite 400  
Jacksonville, FL 32246

(b) Mailing address of limited liability company: \_\_\_\_\_

☒

(Note: **MAY BE POST OFFICE BOX**)

9995 Gate Parkway N., Suite 400  
Jacksonville, FL 32246

10/22/2004

L04000077094

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Lisa Kavalieros

Registered Office Address:

9995 Gate Parkway N.  
Suite 400  
Jacksonville, FL 32246

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

**NEW Registered Agent:**

Daniel B. Nunn, Jr.

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

50 N. Laura Street  
Suite 200  
Jacksonville, FL 32202

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.

Nick T. Kavalieros  
Signature of a member or authorized representative of a member

Nick T. Kavalieros, Manager

Printed or typed name of signer

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 608, 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.

003-0  
Signature of Registered Agent

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

FILING FEE: \$25.00