

# L05000013190

\_\_\_\_\_  
(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



## 100245830221

100245830221  
03/22/13--01001--016 \*\*25.00

FILED  
2013 MAR 21 PM 4:37  
SUPERVISOR OF FINANCIAL  
INVESTIGATION

FILED  
2013 MAR 21 AM 7:56  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

C. LEWIS  
MAR 22 2013  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 03/21/2013

REF. #: 8710877

CORP. NAME: EPIPHANY HOLDINGS LLC

- |                                                      |                                                 |                                                  |
|------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |                                                 |                                                  |
| (XX) OTHER: CHANGE OF AGENT FILING                   |                                                 |                                                  |

STATE FEES PREPAID WITH CHECK# 70000177 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |                                                |                                                       |                         |
|------------------------------------------------|-------------------------------------------------------|-------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | (XX) PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |                                                       |                         |

Examiner's Initials

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Epiphany Holdings 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:

Emily Vincent

Name of Person

NRAI Corporate Services, Inc.

Firm/Company

2875 Michelle Dr., Suite 100

Address

Irvine, CA 92606

City/State and Zip Code

evincent@nrai.com

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

For further information concerning this matter, please call:

Emily Vincent at ( 800 ) 562-6439

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 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: Epiphany Holdings LLC

2. (a) Principal office address of limited liability company: 3519 Palm Harbor Blvd.  
Palm Harbor, FL 34683  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 3519 Palm Harbor Blvd.  
Palm Harbor, FL 34683  
**(Note: MAY BE POST OFFICE BOX)**

2/8/2005

3. Date of filing/registration in Florida

L05000013190

4. Document number

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

Registered Agent: Paracorp Incorporated

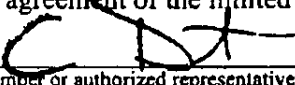
Registered Office Address: 236 East 6th Avenue  
Tallahassee, FL 32303

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

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)**  
Plantation, FL 33324


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.

  
Signature of a member or authorized representative of a member

CHARLES R DARST, MANAGER

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 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.*

  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**