

**L110000688437**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR  
Account Number : 102233003533  
Phone : (614) 227-1936  
Fax Number : (239) 593-2990

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: TWALTERS@PORTERWRIGHT.COM

LLC REGISTERED AGENT CHANGE  
EPIC FOOD CONCEPTS LLC

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Porter Wright Morris & Arthur LLP  
9132 Strada Place, Third Floor  
Naples, Florida 34108-2683  
Main Telephone #: 800-876-7962  
Main Facsimile #: 239-593-2990

## Facsimile Cover Sheet

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### PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #.
1. Division of Corporations	Florida Dept of State	850-617-6383	

**RE: Epic Food Concepts LLC**

**Fax Audit #: H130001936863**

Attached for filing, please find:

1. Registered Agent Change for the above-referenced limited liability company.

Thank you.

From: Ted R. Walters, Esq. Telephone: (239) 593-2900

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ☐ ORDINARY MAIL ☐ OVERNIGHT DELIVERY SERVICE  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Epic Food Concepts 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:

Theodore R. Walters

Name of Person

Porter Wright Morris & Arthur LLP

Firm/Company

9132 Strada Place - 3rd Floor

Address

Naples, FL 34108-2683

City/State and Zip Code

twalters@porterwright.com

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

For further information concerning this matter, please call:

Theodore R. Walters at ( 239 ) 593.2900

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: Epic Food Concepts LLC
2. (a) Principal office address of limited liability company: 10881 Airport-Pulling Road North  
Suite 24  
Naples, FL 34109-7332  
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 10881 Airport-Pulling Road North  
Suite 24  
Naples, FL 34109-7332  
 (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: August 1, 2011
4. Document number: L11000088437

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

Registered Agent:

CLASP, INC.

Registered Office Address:

3001 Tamiami Trail North  
Suite 400  
Naples, FL 34103

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

**NEW Registered Agent:**

Theodore R. Walters

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

Porter Wright Morris & Arthur LLP  
9132 Strada Place - 3rd Floor  
Naples, FL 34108-2683

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.

Theodore R. Walters

Signature of a member or authorized representative of a member

Theodore R. Walters

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.

Theodore R. Walters

Signature of Registered Agent

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