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SECKETARY OF STATE OF STATE OF CHAPPERATIONS

N. CAUSSEAUX JUN 2 2 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ED.C. Language Name	<u>しいこ</u> 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 r	natter to the following:			
Name of Person				
Name of Person				
MOC Makia gernent, LLC Firm/Company				
3440 W Hollywood Blyd	#4115			
110 lly wool, 170. 3302/ City/State and Zip Code				
Morlan a lorres aol. Co E-mail address: (to be used for future annual	Treport notification)			
For further information concerning this matter, pla	ease call:			
Alarka Torcal	at (3 . v .) 370 (/3//2			
Name of Person	at (<u>30 y</u>) <u>770-4343</u> Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	*			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following an	nount:			
≨ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

i. 8	ame of the limited liability company: _Ep.c	Imaging, La	· <u> </u>		
	(b)				
S. (II	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	3440 W Holly wood BIXD #4	115- 344	0 W Holly was	13/vd #415	
	-HU//y Ward, FL 33211		wolf Fr 3302	:/	
3.	Date of filing/registration in Florida	<u>L110</u> c	Document number		
5. (a	Registered Agent and Registered Office shown on the records	of the Fiorida Dept. of St	uie:		
	Registered Office Address (MUST BE FLORIDA STREE		_	SE SIVIG	
	88 NE 16812 SF			SECRETAP VISION OF 2017 JUN	
	- North Miami Beach 1			HI-OSEPHICE	
(b	1719C Monagement, LLC	414-	192531	Rear S	
	Enter name of NEW Registered Agent and/or NEW Register	red Office address;		18: 21 4 8: 21	
	NEW Registered Office Address:				
	3440 w Holly wood Mixd	#415	_		
	the thy word 1	Fl. 3502/			
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered office liability company, it is of the limited liabil	ce and the business office is hereby confirmed that ity company or as others	ce of the registered it the change(s)	
			Printed or typed name of s		
_	attire of amember or authorized representative of a member			•	
provi: the of to me	thy accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provicely reflect a change in the registered office address, while writing of this change.	igree to act in this ca te performance of my ded for in Chapter 60 I hereby confirm tha	pacity. I further agree to duties, and I am famili 15, F.S. Or, if this document the limited liability control of the limited liability.	to comply with the ar with and accept ment is being filed mpany has been	
Signat	ure or Registered Agent				