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COVER LETTER

Division of Corporations				
SUBJECT: EPELSTAR LLC				
	ime of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Noel Epelboim				
Name of Person				
EPELSTAR LLC				
Firm/Company				
20200 W Dixie Hwy Suite 908				
Address				
Miami, FL 33180				
City/State and Zip Code				
info@epelboim.com				
E-mail address: (to be used for future a	nnual report notification)			
For further information concerning this matter	er, please call:			
Noel Epelboim	305 677-5147			
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	g amount:			
☑ \$25 Filing Fee	S55 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.

1. Na	nme of the limited liability company	EPELSTAR LL	-C				
2. (a)))			
, ,	Principal office address of limited li (Note: MUST BE STREET)	ability company; 4 <i>DDRESS</i>)	_ `	Ŋ	dailing address of limited (Note: MAY BE POST	liability company:	
	20200 W. Dixie Hwy Suite 90	8	_	20200 W	/. Dixie Hwy Suite	908	
	Miami, FL 33180		_	Miami, F	L 33180	·····	
	04/24/2013	I		L130000	60296		
3.	Date of filing/registration i		4.		Document number		
5. (a)	Registered Agent and Registered Office sho	wn on the records of th	e Florida	Dept. of State	- ::		
	Registered Office Address (MUST BE F	FLORIDA STREET AI	DDRESS	ù 		<u> </u>	
	MIAMI	, FL	33130			17 SEP -5 AH II: 18	T
(b)						P -5	
(-)	Enter name of NEW Registered Agent and	or NEW Registered (Office ad	dress:	•	A. A.	
						AH II : 17	C
	NEW Registered Office Address:				-	G 🚾	
	20200 W. Dixie Hwy Suite 90) <mark> </mark>			_	C.	
	MIAMI	 , FL	33180		_		
the cha agent v was/w	limited liability company is not organ ange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a street address of t Florida limited lial of the members of	the reginate the second the secon	stered office impany, it is nited liability	e and the business off s hereby confirmed the y company or as othe	fice of the registe nat the change(s)	red
<u></u> Y	look Epuboin		No	el Epelboi			
_	iture of a member or authorized representative	11			Printed or typed name o	-	
I here provis the ob- to mer notifie	by accept the appointment as registe, ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered d in writing of this change.	rèd agent and agre per and complete p l'àgent as provided l'office address. I h	re to aco perform for in C ereby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	e to comply with flar with and acc ument is being fl ompany has beer	the cept led 1
Signati	ire of Registered Agent	1					
	Division of Corp	- ¹ porations● P.O. B	ox 6321	7• Tallahas	see, FL 32314		