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COVER LETTER

TO:	Registration Section Division of Corporations		÷
SUBJE	CHANGE OF REGISTERED	AGENT	
,,ep.,		e of Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the	following:
JORG	GE CABRE JIMENEZ		
	Name of Person		_
REEL	CONCEPTS, LLC		
	Firm/Company		_
9720	SW 72 AVENUE		
	Address		
MIAM	II/FL 33156		
	City/State and Zip Code		_
. •	cabre@icloud.com		
E	-mail address: (to be used for future annu	ial report notifi	ication)
For fur	ther information concerning this matter, p	please call:	
JORG	SE CABRE	305 at (773-2095
	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	Rep Div P.C	AHLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	2 \$5	55 Filing Fee & Certified Copy
INHS18	8 (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.

EPTS, LLC	
(b) 9720	SW 72 AVENUE. MIAMI, FL 33156
	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
L-1600	00166994
	Document number
the Florida Dept. of	State:
·	
ADDRESS)	
33156	
Office address:	
	
33156	
ws of the State of the registered of ability company.	BLANCO
	Printed or typed name of signee
ree to act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
	L-1600 4. the Florida Dept. of 4DDRESS) 33156 Office address: 33156 ws of the State of the registered of the limited liability TATIANA

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

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.

	of the limited liability company:	P15, L					204.50
(a) 97	20 SW 72 AVENUE. MIAMI, FL 33156	(b))	V 72 AVENUE			
· <u></u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3	Mailing address of lin (Note: MAY BE P			
		-				-	
09	9/07/2016	1	160001	66994			
	Date of filing/registration in Florida	4.		Document numb	ег		
(a) TA	ATIANA BLANCO						
	gistered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- ::			
97	720 SW 72 AVENUE. MIAMI, FL 33156						
Re	egistered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	•			
9	720 SW 72 AVENUE				<u>, 20</u>	20	
М	IIAMI FI.	33156		•	ÄL	2019 OCT - 7	ca . -
-	ORGE CABRE JIMENEZ	•		•	LAHAS		3 <u>3</u>
b)	ter name of NEW Registered Agent and/or NEW Registered	Office rela	lea c	_	<i>V</i> .		•
Ent	ter name of NEW Registered Agent and/of NEW Registered	Office au	11 CSS.		S.	3.	· ·
JC	ORGE CABRE JIMENEZ				<u>-</u>	ر ن	'عدج
<u>NI</u>	EW Registered Office Address:			-	ř.	င်	
97	720 SW 72 AVENUE			-			
М	NAMI FI	33156					
e limit	ted liability company is not organized under the law e or changes are made, the Florida street address of	vs of the	State of Flor	orida, it is hereby	confirm	ned that	l after
nt will /were :	be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of s of organization or the operating agreement of the	ibility co if the lim	mpany, it i ited liabilit	s hereby confirm y company or as	ed that t	he char	ige(s)
		TAT	IANA BL				
	of a member or authorized representative of a member			Printed or typed na			
ereby e visions obliga nergly ifjed in	accept the appennment as registered agent and agr s of all standes relative to the proper and complete mons of my position as registered agent as provided reflect a change in the registered office address. It writing of this change.	ree to act perform d for in C hereby co	in this cap ance of my Shapter 60: onfirm that	acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	igree to familiar docume ity comp	comply with a ont is be oany ha	with the nd acce sing file is been
	of Registered Agent						

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