7000224922

(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: Spoke to Earl Hawkins who gave permission to add the title 'owner' to form.

Office Use Only



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FAUSIMILE TRANSMITTAL SHEET				
TO: Brittany	FROM: EARL HANKINS			
COMPANY:	DATE: 1/24/2018			
FAX NUMBER: 850 245 - 60 30	TOTAL NO. OF PAGES INCLUDING COVER:			
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:			
RE:	YOUR REFERENCE NUMBER:			

NOTES/COMMENTS:

RECEIVED
JAN 2 4 2018

EARL HAWKINS
COURSES

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	cr:	EPIC BIO 8	Energy	0	
		N	me of Limited Liability	Company	
Dear Sir	or Madam:				
The encl	losed Statement o	of Correction and fee(s) are	submitted for filing.		
Please re	eturn all correspo	ndence concerning this ma	itter to the following:		
E	ARL HI	4W16.475			
t.	Pic &	Name of Person O. EARYA	//		
		Firm/Company	os Blud		
150	320 G	reater Grov	<u> </u>		
\cap	lermont	FLA	34714		
	Ci	ty/State and Zip Code			
		Mercy D Gw be used for future annual i			
D-,	man aum ∞s. (to	oc uschijin rature amaari	eport nonneation)		
For furth	her information c	oncerning this matter, plea	rse call:		
	EARL HA	twikins	_at (<u>46 7</u>)_	625.1550	
	Name o	I Person	Area Code	Daytime Telephone Number	
	T/COURIER A	DDRESS:		AILING ADDRESS: gistration Section	
Division	of Corporations		Div	rision of Corporations	
2661 Ex	Building secutive Center C ssee, Florida 3236). Box 6327 lahassee. Florida 32314	
Enciose	Enclosed is a check for the following amount:				
\$ 25	Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	Secondary Second	

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ame of the limited liability company is:	G Bio Energy
SECO:	ND:	The Florida Document number of the limited liabi	lity company is: <u>L17000226922</u>
THIRI	<u>D</u> :	Document to be corrected is: Authorize	d terson Detail
	(CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMENT
P		ins an incorrect statement. The incorrect statement, then the as follows:/	the reason the statement is incorrect, and the corrected
ner	_#	EARL HAWKINS	
		15225 Greater Groves	And.
	(Clermont Fla 34714	
	<u>OR</u>		
	Was d	efectively signed. The manner in which the docume ows:	ant was defectively signed and the appropriate correction
			PM 2: 5:
	<u>or</u>	Λ	
	The cl	cctronic transmission of the record was defective.	- 1/23/2018
		Signature of Authorized Representative	Date
		ew registered agent, if applicable :(NOTE: if correct lesignation).	ing the registered agent, the new registered agent must
New R	ceistere	d Agent's Signature, if changing Registered Agent:	
I hereb provisi obligat reflect	ny accept ions of a tions of 1	t the appointment as registered agent and agree to a Il statutes relative to the proper and complete perfor my position as registered agent as provided for in Cl	nct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed to no that the limited liability company has been notified in w
		Registered Age	nt's Signature
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)