

10/15/2019

Division of Corporations

L1800043699

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
EPIC RESTORATION 24-7 LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

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Help

OCT 15 2019

7:11:17 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPIC RESTORATION 24-7 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:

Jerome Sullivan

Name of Person

EPIC Restoration 24-7 LLC

Firm/Company

784 S. Clearwater Loop

Address

Post Falls, ID 83854

City/State and Zip Code

filings@northwestregisteredagent.com

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

For further information concerning this matter, please call:

Jerome Sullivan

Name of Person

at (509)

768-2249

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 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. Name of the limited liability company: **EPIC RESTORATION 24-7 LLC**

2. (a) 14280 S MILITARY TRL #8301 (b) 14280 S MILITARY TRL #8301

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

DELRAY BEACH, FL 33482

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

DELRAY BEACH, FL 33482

06/11/2018

L18000143699

3. **Date of filing/registration in Florida**

4. Document number

5. (a) FRIEDMAN, STEVEN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10401 WAVES WAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PARKLAND, FL 33076

FL

(b) NORTHWEST REGISTERED AGENT LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address.

STE 300

St. Petersburg FL 33702

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.

Fred Roldt

Signature of a member or authorized representative of a member

Fred Moldt / Manager / Apollo 10

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 605, 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.

in writing of this change.
 Tom Glove Tom

Tom Glover Tom Glover -Manager
Signature of Registered Agent

Signature of Registered Agent

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