

L18000 159948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

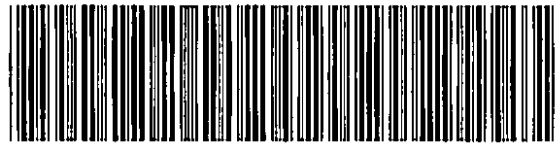
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330231878

06/12/19--01019--025 **25.00

FILED
2019 JUN 12 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

JUN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epic Healthcare Solutions, 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:

Sarah Casey

Name of Person

SC Legal, P.A.

Firm/Company

555 3rd Street N, #16

Address

Saint Petersburg, FL 33701

City/State and Zip Code

briankuell@epichcs.com

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

For further information concerning this matter, please call:

Sarah Casey

at (561)

3089339

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 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 Healthcare Solutions, LLC

2. (a) 428 Lake Lulu Drive (b) 428 Lake Lulu Drive
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Winter Haven, FL 33880

Winter Haven, FL 33880

6/29/2018

L18000159948

3. Date of filing/registration in Florida 4. Document number

5. (a) GenCo Legal, P.A.

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

100 South Ashley Dr, Suite 375

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33602

(b) SC Legal, P.A.

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

555 3rd Street N, #16

NEW Registered Office Address:

Saint Petersburg, FL 33701

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.

12 2

Brian Kuell

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

Sarah Casey
General Counsel
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00