L18000177559

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H18000216901 3)))

H18000216901 3ABC

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address:

FILED
18 JUL 27 AM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2018 JUL 31 PM 4:29

LLC REGISTERED AGENT CHANGE
EPPES DISTRIBUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
AUG - 1 2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 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: EPPES DISTRIBUTION LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
141 FISHERMANS COVE DR
EDGEWATER, FL 32141

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
141 FISHERMANS COVE DR
EDGEWATER, FL 32141

3. Date of filing registration in Florida: 07/24/2018

4. Document number: L18000177559

5. (a) Name of Registered Agent as shown on the records of the Florida Dept. of State
CAMERON EPPES
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
141 FISHERMANS COVE DR 16 COURT ST
EDGEWATER, FL 32141

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
NEW Registered Office Address
141 FISHERMANS COVE
EDGEWATER, FL 32141

FILED
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TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

CAMERON EPPES
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

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

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TX Result Report

P 1
07/27/2018 14:16
Serial No. A61D011009948
TC: 82169

Addressee	Start Time	Time	Prints	Result	Note
18506176383	07-27 14:15	00:01:03	002/002	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
DPS:Page separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
FCODE:F-Code, RTX:Re-Tx, RLY:Relay, MBX:Confidential, BOL:Bulletin, SIP:SIP Fax,
IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, Cont: Continue, NO ANS: NO Answer,
Refuse: Receipt Refused, Busy: Busy, M-FUL:Memory Full, LOVR:Receiving length Over,
POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

Hi and FAX TY

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