

LIB00188731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

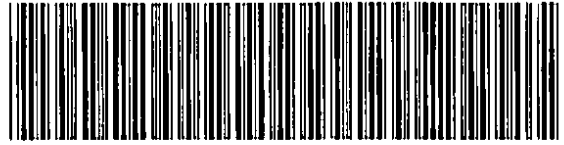
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800317421848

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG 23 PM 6:45

FILED

AUG 29 2018

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Epic Redevelopers, 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:

Beth Kirwan, ACP

\_\_\_\_\_  
Name of Person

Elevate Business Law, PA

\_\_\_\_\_  
Firm/Company

6622 Southpoint Drive, S., Suite 180

\_\_\_\_\_  
Address

Jacksonville, Florida 32216

\_\_\_\_\_  
City/State and Zip Code

jarpei1@aol.com

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

For further information concerning this matter, please call:

Beth Kirwan

at ( 904 ) 860-3111

\_\_\_\_\_  
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

18 AUG 23 PM 6:45  
TALLAHASSEE, FLORIDA

FILED

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 Redevelopers, LLC

2. (a) Principal office address of limited liability company  
(Note: MUST BE STREET ADDRESS)  
3545 ST. JOHN'S BLUFF RD. S. STE 1-130  
JACKSONVILLE, FL 32224-2654

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Same as principal office address

3. August 7, 2018 Date of filing/registration in Florida

4. L18000188731 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
JARROD JETTE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
6270 CREETOWN DRIVE  
JACKSONVILLE, FL 32216

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
N/A (only the Registered Office is changing)  
NEW Registered Office Address:  
3545 ST. JOHN'S BLUFF RD. S. STE 1-130  
JACKSONVILLE, FL 32224-2654

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.

☒ Jarrod Jette  
Signature of a member or authorized representative of a member

Jarrod Jette  
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.

☒ Jarrod Jette  
Signature of Registered Agent

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

FILED  
18 AUG 23 PM 6:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA