## h20 000 268011

(Requestor's Name)							
(Address)	_						
(Address)	—						
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(,							
(Document Number)	_						
(2000							
Certified Copies Certificates of Status							
Germination of Status	_						
	_						
Special Instructions to Filing Officer:							
	-						

Office Use Only



300368818183

08:124/21:-0:114--017 +>27.00

- 1 PM 12: 24

t . . . . 7521

## **COVER LETTER**

TO: Registration Section Division of Corporations	
EPACVA LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
BENAN VEYSELOGLU	
Name of Person	
EPACVA LLC	
Firm/Company	<del></del>
22831 CHELSEA WOOD CT	
Address	
BOCA RATON, FL 33433	
City/State and Zip Code	<del> </del>
epacva@gmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
BENAN VEYSELOGLU 75	7 515-4025
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	S55 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. Na	ame of the limited liability company: EPACVA LLC					
2. (a)	22831 CHELSEA WOOD CT. BOCA RATON, FL 33433	_ (b)				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0).		ailing address of limi (Note: MAY BE PO		
	8/28/2020	– - L:	2000026801	ī		· · ·
3. 5. (a)	Date of filing/registration in Florida BENAN VEYSELOGLU	4.	[	Document number	•	
5. (a)	Registered Agent and Registered Office shown on the records of the 21574 VILLA NOVA DR. BOCA RATON, FL 33433	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>				
	, FL_					
(b)	BENAN VEYSELOGLU					
( )	Enter name of NEW Registered Agent and/or NEW Registered Office address:				· :	
				:	بني	
	NEW Registered Office Address: 22831 CHELSEA WOOD CT.			J. C.	-0	\$ 4 Å
	BOCA RATON, FL_	33433	· · · · · · · · · · · · · · · · · · ·		PH 12: 24	Abstance - suggest of
change agent v was/we the art:	limited liability company is not organized under the law e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	registered oility com the limite imited lial	office and pany, it is led liability bility comp	the business offic hereby confirmed company or as of pany.	e of th that th herwis	ne registered ne change(s) se provided in
Signa	ature of a member or authorized representative of a member	/3	ELIAH	UEYSEL Printed or typed name	<u>cG(</u>	
I here provisi the obt to mer	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address, I his d in writing of this change.			<b>7.</b>	-	
Signatu	Jewan ure of Registered Agent					