

L20000387451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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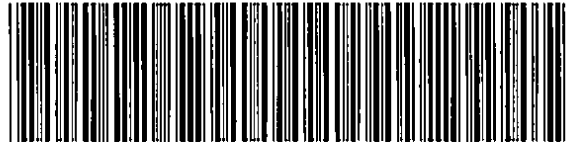
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/05/22

NAME: EPICC FLATIRON 2803 LLC

TYPE OF FILING: *Change of Registered Agent*

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE *A Hodge*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPICC Flatiron 2803 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:

SOFIA M. YAGUE

Name of Person

Next Legal PLLC

Firm/Company

1395 Brickell Avenue, Suite 950

Address

Miami, FL

City/State and Zip Code

sofia@nextlegal.us

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

For further information concerning this matter, please call:

SOFIA M. YAGUE

Name of Person

at (786) 785-1677

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: EPICC Flatiron 2803 LLC


2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>9130 S. Dadeland Boulevard, Suite 1609</u> <u>Miami, FL 33156</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>9130 S. Dadeland Boulevard, Suite 1609</u> <u>Miami, FL 33156</u>
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3. <u>12/15/2020</u> Date of filing/registration in Florida	4. <u>L20000387451</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
HERNANDEZ, SAIDIN M, ESQ
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
304 PALERMO AVE
CORAL GABLES, FL 33134

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Greg Herskowitz, Esq.
NEW Registered Office Address:
9130 S. Dadeland Boulevard, Suite 1609
Miami, FL 33156

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	<u>Rodrigo Besoy Sanchez</u> _____ Printed or typed name of signee
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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