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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Special Instructions to Filing Officer:							
J. HORNE							
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COVER LETTER

TO:	Registration Section Division of Corporations		•
	EPSTEIN VILLAGES HOM		, -
SUBJ	ECT:	Name of the state of	d Liability Company
		Name of Limite	d Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Register	ed Office Change	and fee(s) are submitted for filing.
Please	return all correspondence concern	ning this matter to	the following:
KARI	ZERICH EPSTEIN		
	Name of Person		_ · _ ·
EPSTI	IN VILLAGES HOMES LLC		
	Firm/Company		
905 BI	RICKELL BAY DRIVE, APT 1625		
	Address		
МІАМ	II/FLORIDA, 33131		
	City/State and Zip C	lode	
SREG	NIEREPSTEIN@GMAIL.COM		
— 'n	-mail address: (to be used for futu	re annual report no	ntification)
For fur	her information concerning this n	natter, please call:	
DARIO) MARRA	786	627-8831
		at ()) Area Code & Daytime Telephone Number
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follo	owing amount:	
	□ \$25 Filing Fee	2	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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	EPSTEIN VILLA	NGES HOM	IES LLC	
	ime of the limited liability company: 11720 SW 95TH STREET, MIAMI, FL 33186		11720 SW	95TH STREET, MIAMI, FL 33186
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		λ	failing address of limited liability company: ONote: MAY BE POST OFFICE BOX)
	07/21/2021		.210003321	11
i.	Date of filing/registration in Florida	· 1 ,	i	Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of a VIEUX-BRIERRE, FEDY	he Florida D	ept, of State:	
	Registered Office Address		······································	2022 APR SECRETATALLAHA
	MIAMI FL.	33186	· <u>-</u>	FIL 2 APR 22 CRETARY LAHASSEI
(b)	KARL-ERICH EPSTEIN			<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	255:	
	KARL-ERICH EPSTEIN			· <u>a</u>
	NEW Registered Office Address:	,		
	905 BRICKELL, BAY DRIVE APT 1625, MIAMI, FL. 3.	3131		
	MIAMI	33131		
nange gent w as/wei ie artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of these of organization or the operating agreement of the liable of the liable of a member or authorized representative of a member	egistered of fility comp the limited fimited liab	office and pany, it is I d liability (the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in any.
Signatu	ire of a member or authorized representative of a member			Printed or typed name of signee
ie oblig merel	v accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act in erformanc for in Cha weby confi	this capac wo of my du pter 605, 1 rm that the	ity. I further agree to comply with the ties, and I am familiar with and accept S. Or, if this document is being filed climited liability company has been

Karl-Eruch Epstem Signature of Registered Agent