

h21 000405642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

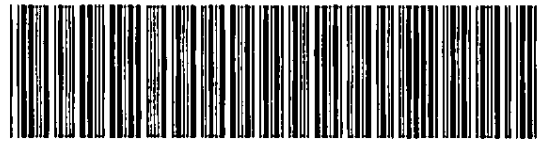
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILD EPSILON 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:

JING WU

Name of Person

WILD EPSILON LLC

Firm/Company

200 ISLE OF SKY CIR

Address

ORLANDO, FLORIDA, 32828

City/State and Zip Code

EMMALOVEBEANS@GMAIL.COM

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

For further information concerning this matter, please call:

JING WU

Name of Person

at ( 407 )

491-2958

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.*

**WILD EPSILON LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) 1969 S ALAFAYA TRAIL (b) 1969 S ALAFAYA TRAIL

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

#313

ORLANDO, FL. US 32828

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

#313

ORLANDO, FL. US, 32828

09/13/2021

200373269392

3. Date of filing/registration in Florida

4. Document number

5. (a) ZENBUSINESS INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

336 E. COLLEGE AVE.

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

SUITE 301

TALLAHASSEE, FL 32301

Jing Wu

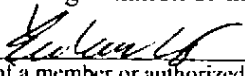
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

200 ISLE OF SKY CIR

ORLANDO, FL 32828

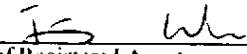
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Yukun Li

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