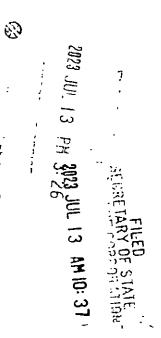
## L2300025557

Requestor's Name)	
Address)	
Address)	
City/State/Zip/Phone #)	
WAIT	MAIL
Business Entity Name)	
Document Number)	
Certificates of Stat	tus
ling Officer:	
J D	ENNIS
'JüL	1 4 2023
	Address)  City/State/Zip/Phone #)  WAIT  Business Entity Name)  Certificates of State ling Officer:

Office Use Only



100411827661



## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	EPE ENTERPRISES, LLC		
	ו	Name of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	following:
David	Rosati		
	Name of Person		<del></del>
EPE E	interprises, LLC		
	Firm/Company		
10066	Grand Canal Drive, Unit 8104		
	Address		
Winde	rmere, Florida 34786		
	City/State and Zip Cod	e	
daverd	osati1785@gmail.com		
Е	-mail address: (to be used for future	annual report notif	ication)
For fur	ther information concerning this mat	ter, please call:	
David	Rosati	905 at (	541-6864
	Name of Person	2. (	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 follow	ing amount:	
	□ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy
INHS18	3 (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. N	ame of the limited liability company:EPE ENTERP	PRISES, L	LC		
2. (a)	• • • • • •		b)		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		Mailing address of limited (Note: MAY BE POST	
	10066 Grand Canal Drive, Unit 8104		10066 Gra	and Canal Drive, Uni	it 8104
	Windermere, FL 34786		Winderme	ere, FL 34786	
	05/17/2023		L23000255	5557	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State	- ::	
	Corporation Service Company				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>s)</u>	-	
	1201 Hays Street				
	Tallahassee I	32301			STERE JA 2023 JUL
(b)	DAVID ROSATI			_	JUL TO
	Enter name of NEW Registered Agent and/or NEW Register	red Office as	<u>idress</u> :		S CREO
	10066 Grand Canal Drive, Unit 8104				OF STATE OF STATE AM IO: 37
	NEW Registered Office Address:				37
	Windermere	34786	-	-	
	, I	FL		•	
change agent v was/we the arti	imited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited is ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member	ne register liability co s of the lin ne limited	ed office and ompany, it is nited liability	I the business office hereby confirmed the company or as othe pany.	of the registered nat the change(s) erwise provided in
provisi the obl to merc notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to ac. fe perform led for in ( I hereby c	t in this capa ance of my d Chapter 605, onfirm that ti	icity. I further agree luties, and I am famil F.S. Or, if this doct he limited liability co	to comply with the liar with and accept ument is being filed ompany has been
Signatu	ire of Registered Agent				