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2624 ST -3 PT 12: 44

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Epiphany Rose Soul LLC				
SUBJECT.		Name of Limited Li	ability Company		
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered (Office Change and	fec(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to the	following:		
Rosemary Pol	nce Ferguson				
	Name of Person	·	_		
Epiphany Ros	se Soul LLC				
	Firm/Company				
1121 Rifle Ru	ın Rđ				
	Address				
Jacksonville,	FL. 32225				
	City/State and Zip Cod	c	_		
epiphanyrsou	l@gmail.com				
E-mail	address: (to be used for future a	annual report notifi	cation)		
For further in	nformation concerning this matt	ter, please call:			
Rosemary P F	erguson	904 at (4154746		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi P.O.	iting Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the followi	ing amount:			
≡ .s.	■ \$25 Filing Fee				

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.

. Na	me of the limited liability company: Epiphany Rose S	Soul				
. (a)	11121 Rifle Run Rd Jacksonville, FL. 32225		(b) 11121 Ri	11121 Rifle Run Rd Jacksonville, FL. 32225		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/05/2023	<u></u>	L23000415	021		
	Date of filing/registration in Florida	— 4.		Document number	7-1	
	Zen Business INC				<u></u> 2	
(a) <u> </u>	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat			te:	. 1	٠.
	,				()	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	-n	
	336 E. College Ave. Suite 301		14:51			
	Tallahassee, F	. 32301		_	<u></u>	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Rosemary P. Ferguson			_		
	NEW Registered Office Address:					
	11121 Ritle Run Rd			_		
	Jacksonville, F	L		_		
ange ent v as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members color organization or the operating agreement of the	e registe iability of of the li e limited	red office ar company, it mited liabili	nd the business office o is hereby confirmed tha ty company or as other mpany.	f the registered t the change(s	ed s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee	
ovisi e obl mer yified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	gree to a e perfori ed for in hereby	ct in this cap nance of my Chapter 60 confirm thai	pacity. I further agree to duties, and I am famili 5, F.S. Or, if this docum the limited liability con	o comply with ar with and ac ment is being , mpany has bee	i the ccep filed en
	ure of Registered Agent					