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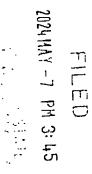
(Requestor's Name)	_				
(Address)	_				
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	_				
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
	_				
(Business Entity Name)					
(Document Number)	_				
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: EP Sales System LLC	
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Elliott Feldman	
Name of Person	
EP Sales System LLC	
Firm/Company	
7901 4th St N STE 300	
Address	
St. Petersburg, Florida 33702	
City/State and Zip Code	
elliott@epsalescoach.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Elliott Feldman	at (614) 852-0339
Name of Person	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

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.

l. Na	me of the limited liability company:	ท LLC 	
2. (a)		(b)	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7	901 4th St N STE 300
	St. Petersburg, Florida 33702	_ <u> </u>	Peterslung, Florida 33702
			0,
	03/06/2024	L240	00114598
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agents Inc.		
. ()	Registered Agent and Registered Office shown on the records of	of the Florida Dept	t. of State:
	7901 4th St N STE 300		
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	T.
	St. Petersburg	33702	2024 MAY -7 PM 3: 45
(b)	Registered Agents Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address	
	Registered Agents Inc.		S. C. C.
	NEW Registered Office Address:		
	7901 4th St N STE 300		
	St. Petersburg	33702	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registere liability compa s of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address.	gree to act in to le performance led for in Chap I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ster 605, F.S. Or, if this document is being filed om that the limited liability company has been
mmm	f in writing of this change. David Roberts - Assistant		