99000000118

(Re	equestor's Name)	
(Ad	ldress)	
(Ád	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100215003001

12/09/11--01012--001 **25.00

J. SAULSBERRY **EXAMINER**

DEC 12 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EPC AMERICA 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:
JEAN-PHILIPPE COUDRAY. Name of Person
FIRM/Company
2811 DEC -9 AN SECTION OF TALL AND SECTION OF TALL AND City/State and Zip Code Address City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARY ALFONSO at (305) 629-50/0 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 \$\times \text{S55 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 608.416 or 608.508, 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. Name of the limited liability company: EPC A	mercica LLC
2. (a) Principal office address of limited liability company	1: 3346 N.W. 78 AVENUE
(Note: MUST BE STREET ADDRESS)	DORAL, FL 33/22
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE
12/29/1998 3. Date of filing/registration in Florida	<u>L 9900000118</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	SALOMON HAZDAY, JR. PA
Registered Office Address:	2/2/ PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33/3;
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: TEAN-PHILIPPE COUDRAY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3346 N.W. 78 AVENUE DORAC, , ,FL 33/22
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member TEAN-PHILIPPE Coupeay Printed or typed name of signee I hereby accept the appointment as registered agent and agreement of a member of a	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of Registered Agent	•

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00