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SECRETARY OF STATE
ALL AHASSEE FLORIDA

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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:
Miriam C. ALFONSO Name of Person
EPE AMERICA LLC Firm/Company
Address DORAL, FL 33/22 City/State and Zip Code
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:
Miriam C. Alfonso at (305) 629 - 2010 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:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

<i>y</i>	
1. Name of the limited liability company: _ EPC /	AMERICA LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	3346 N.W. 78 AVENUE DORAL, FL 33/22
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVEC PER F
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	. Document number
5. (a) Registered Agent and Registered Office shown on th	~~
Registered Agent:	JEAN-ATILIPPE COUDRAY
Registered Office Address:	3346 N.W. 78 AVENUE DORAL, FL 33/22
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	Registered Office address: MIRIAM Q. ALFONSO
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 law confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) when the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ws of the State of Florida, it is hereby rida street address of the registered office ral. Or, in the case of a Florida limited was/were authorized by an affirmative vote of provided in the articles of organization or
Miriam O. ALFONSO Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my positions of the confirmation of the propand I hereby confirm that the limited liability company I have been supported by the confirmation of the	ree to act in this capacity. I further agree to per and complete performance of my duties, tion as registered agent as provided for in tly reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

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