MEST 3661

Division of Corporations

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
EPIC PERSONNEL PARTNERS LLC

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Fax Audit #160001661573

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: EPIC PERSONNEL PARTNERS LLC

2. (a) Principal office address of limited liability company: 6655 W Sahara Ste A218
(Note: MUST BE STREET ADDRESS) Las Vegas, Nevada 89146

(b) Mailing address of limited liability company: 6655 W Sahara Ste A218
(Note: MAY BE POST OFFICE BOX) Las Vegas, Nevada 89146

5/12/2015 — 3. Date of filing/registration in Florida

M15000003661 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: REGISTERED AGENTS, INC.

Registered Office Address: 3030 N. ROCKY POINT DR., STE 150A
TAMPA, FL 33607

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Business Filings Incorporated

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gina Stork

Signature of a member or authorized representative of a member

Gina Stork, Member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent — Mark Williams, AVP, Business Filings Incorporated

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

INHS18 (12/13)

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