M1500000 9554

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





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SECRETARY OF STATE
SYNSION OF CORPORATIONS

Ra Change

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D CUSHING

Name of Person	
POSNOW LLC	
Firm/Company	
9 SOUTH ORANGE AVENUE SUITE 2010	
Address	
RLANDO, FL 32801	
City/State and Zip Code	
AVID.DUNCAN@EPOSNOW.COM	
E-mail address: (to be used for future annu	al report notification)
L-IIIIII additoss. (to be about to: latere anna	,
or further information concerning this matter, p	786 702-1559
or further information concerning this matter, pavid DUNCAN Name of Person	please call:
AVID DUNCAN Name of Person	786 702-1559 at (
or further information concerning this matter, p	at () 702-1559 Area Code & Daytime Telephone Number Street Address: Registration Section
or further information concerning this matter, particular and part	Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations
AVID DUNCAN Name of Person Mailing Address: Registration Section	Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Name of Person Mailing Address: Registration Section Division of Corporations	Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations
Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Please return all correspondence concerning this matter to the following:

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.

1.	Na	me of the limited liability company: EPOSNOW LLC			·	
2. ((a)	189 SOUTH ORANGE AVENUE		(b) 189	9 SOUTH ORANGE AVENUE	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(- <i>)</i>	Mailing address of limited liat (Note: MAY BE POST OF	
		SUITE 2010		SU	JITE 2010	Ì
		ORLANDO, FL 32801	_	OR	RLANDO, FL 328011	
		06/11/2020		М15	5000009554	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	PETER FREULER				
٥.	(4)	Registered Agent and Registered Office shown on the records of to 231 N JOHN YOUNG PARKWY Registered Office Address (MUST BE FLORIDA STREET A	nt. of State:			
		KISSIMMEE , FL	34741	i		20 JUN 19
	(b)	DAVID DUNCAN				
,	(D)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address	<u> </u>	9 9
		189 SOUTH ORANGE AVENUE				9 WII: 45
		NEW Registered Office Address:				÷n
		SUITE 2010				
		ORLANDO, FL	32801			
cha age was	nge nt v √we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l limite	ered of compa limited d liabil	ffice and the business office of t any, it is hereby confirmed that t I liability company or as otherwi	the registered the change(s)
S	ignat	ture of a member or authorized representative of a member			Printed or typed name of sig	mee
I h pro the to n not	erel visi obl nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change in the registered Agent	perjoi I for i	rmance n Chap	e of my duties, and I am familiar oter 605, F.S. Or, if this docume	ent is being filed
ыg	الانتمار	to or nogramm region				