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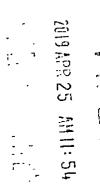
(Requestor's Name)	_				
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PICK-UP WAIT MAIL					
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R. WHITE EN 0.7 2019



THE EPPY GROUP

JOSEPH F EPPY PRESIDENT

ESTATE CONSERVATION & STRATEGIES

INDIVIDUAL & GROUP INSURANCE: LIFE, LONG TERM CARE, DISABILITY INCOME

ANNUMES & INVESTMENT SOLUTIONS

CORPORATE BENEFITS & BUSINESS SOLUTIONS

NON QUALIFIED AND DEFERRED COMPENSATION PLANNING

PREMIUM FINANCING

ASSET PROTECTION

SPECIAL NEEDS PLANNING

COLLEGE PLANNING

AMENDMENT SECTION
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE FL 32301

TO WHOM IT MAY CONCERN:

MY BUSINESS ENTITY "EPPY FINANCIAL GROUP, INC. WAS FRAUDULENTLY CHANGED TO SOMEONE ELSE'S NAME AND ADDRESS. THE ENCLOSED CHANGE FORM IS MY ATTEMPT TO CHANGE IT BACK. PLEASE CONTACT ME, JOSEPH EPPY WITH ANY QUESTIONS AT 954-629-3270 OR MY EMAIL IS J.EPPY@EPPYGROUP.COM. PLEASE PROCESS THIS CHANGE AS EXPEDITIOUSLY AS POSSIBLE TO PREVENT FURTHER FRAUD.

THANK YOU,
JOSEPH EPPY
PP. FRANCINE EPPY

500 EAST BROWARD BLVD. SUITE 1800 FORT LAUDERDALE FLORIDA 33394 954.271.7888 MAIN 888.563.3779 TOLL FREE WWW.EPPYGROUP.COM

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Eppy Financial Group, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000006859

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francine Eppy

Name of Contact Person

Eppy Financial Group, Inc.

Firm/Company

500 E Broward Blvd Suite 1800

Address

Fort Lauderdale FL 33394

City/State and Zip Code

f.eppy@eppygroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francine Eppy

Name of Contact Person

at (954) 401-7784

Area Code & Davtime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florido inge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of	<u>Florid</u>	la	: ——
1. The name of	the corporation: Eppy Financial Group,Inc.			
2. The principal	office address: 500 E Broward Blvd Suite 1800			
	Fort Lauderdale Florida 33394			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: what does this mean? Document number: P020	0000	6859)
	I street address of the current registered agent and registered office on file vitment of State: (If resigned, enter resigned)	with the	e	
	EPPS, JANAE	_		
	500 E Broward Blvd Suite 1800	- 	201	
	Fort Lauderdale Florida 33394	-	2019 AFR	<u> </u>
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of	office	25	
	Joseph Eppy		VH II: 21	
	500 E Broward Blvd Suite 1800	, " , !	45	
	P.O. Hox. NOT acceptable			
	Fort Lauderdale Florida 33394	_		
The street address changed will	ess of its registered office and the street address of the business office of be identical.	its regi	stered	agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by are board, or the corporation has been notified in writing of the change.	office	er so	
(Joseph Eppy			
I hereby accept I further agree i performance of agent. Or, if the	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comy duties, and I am familiar with and accept the obligation of my positions document is being filed merely to reflect a change in the registered offithat the corporation has been notified in writing of this change. 04-12-2019	mplete m as ro	egistere Iress, I	
Sign	nature St. Registered Agent Date			
If signing on be	half of an entity:			
Francine Ep	<u> </u>			
Ty	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *