## P08000026510

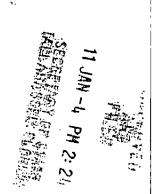
(Re	equestor's Name)					
(Address)						
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(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					

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## **COVER LETTER**

Division of C	orporations
SUBJECT:	EPITOME INC.  Name of Corporation
DOCUMENT NUM	BER:P08000026510
The enclosed Stateme	nt of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Lillian Bajor Name of Contact Person
_	Epitome Inc
· <u> </u>	4213 Ben Ave Address
	Studio City, CA 91604 City/State and Zip Code
E-	mail address: (to be used for fugare annual report notification)
For further information  Lillian  Name	n concerning this matter, please call:  Bajor at \$18-441-8706  of Contact Person Area Code & Daytime Telephone Numbe

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

TO:

Amendment Section

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

statement of cha	inge is submitted for a co	orporation organized	107.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	<sub>te of</sub> Florida			
1. The name of	the corporation: EPIT	OME INC.					
2. The principal	office address: 4213 E	Ben Ave, Studio	City, CA 91604				
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification:	03/12/2008	Document number:	P08000026	3510		
5. The name and		rrent registered agen	t and registered office on f	ile with the			
	17888 67Th Court North						
	Loxahatchee, FL 3	33470 US			IN-L		
6. The name and (if changed):	I street address of the ne		f changed) and /or register	ed office	, PM 2: 2 <sup>b</sup>		
	17888 67th Court North						
	Loxahatchee, FL 3	P.O. Box NOT acc	eptable				
			lress of the business office		agent,		
all	as authorized by resolution board, of the comporate of an officer or director.	tion duly adopted by	vits board of directors or ed in writing of the change Lillian Ba	jor, Se	<u>cretary</u>		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec s been notified in writin	istered agent and a isions of all statutes d accept the obliga ct a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg gistered office address, I	y. id complete perfo istered agent. Or hereby confirm t	rmance ; if this hat the		
Sig	nature of Registered Agent	Service, Inc	December 2	20, 2010	<del></del>		
If signing on be	half of an entity:						
Lisa Granskie	on behalf of InCorp	Services, Inc.					

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

Typed or Printed Name