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TO OCT -7 PM 1:56

R.A. Chq.
C.COULLIETTE
OCT 10 2011
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: EPG MANAGEMENT, INC. Name of Corporation						
DOCUMENT NUMBER: P09000075824						
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:						
Jessica Lato						
Name of Contact Person						
EPG MANAGEMENT, INC. Firm/Company						
,						
13027 Fringetree Drive East						
Address						
Jacksonville, FL 32246 City/State and Zip Code						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jessica Lato at (904) 568.5159						
Name of Contact Person Area Code & Daytime 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 Street Address: Amendment Section Division of Corporations Clifton Building						

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	_{te of} Florida	<u> </u>
1. The name of	the corporation: EPG [MANAGEME	NT, INC.		
	office address: 13027	Fringetree Driv			
3. The mailing a	address (if different):		ALST-1		
4. Date of incorp	Date of incorporation/qualification: 09/10/09 Document number: P0900				'5824
	d street address of the current of State: (If resign	•	ent and registered office on f	ile with the	
	Sheila Mann - Res	igned		···	
	3384 Philips Highw	/ay		•	il.
	Jacksonville FL 32	207			NSE NSE
6. The name and (if changed):	d street address of the nev	v registered agent	(if changed) and /or register	ed office	ISION OF OU
	Jessica Lato	······································			
	13027 Fringetree D				- ARCHA
	lastra milla El 20	P.O. Box NOT a	cceptable		
		e and the street ac	ddress of the business offic by its board of directors or fied in writing of the chang		d agent,
(/	re of an officer or director		Jessica		
		stered agent and sions of all statut l accept the oblig t a change in the t of this change.	Printed or typed nam agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I		ormance or, if this that the
	n		1 9/30	/1/	
	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
·	Jessica Lato yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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