PHODOC	72156
(Requestor's Name) (Address)	800278409278
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	10/27/1501020003 **35.00
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Office Use Only	5
	OCT 29 2015 C Lewis

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	1.chete	L. Va	Epps	PA
		Name of Corpo	oration /	
DOCUMENT NUMBE	$\mathbf{R} = \frac{P}{4}$	0007	2156	

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:

: '	Michele Van Epps, PA Name of Contact Person
• •	Firm/Company
	816 Tarawood Lane Address
· . . •.	Valvico FL 33594 City/State and Zip Code
	<u>Tampa Realtor 98 Ognal</u> com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ξ.

Michele Van Epps Name of Contact Person at (813) 601 - 1243 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 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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CR2E045 (03/12)

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

1. The name of the corporation: Michele L. Van Epps PA	
2. The principal office address: 816 Taxawaa La	
Valrico, FL 33594	
3. The mailing address (if different):	
4. Date of incorporation/qualification: $2 - 29 - 2014$ Document number: $P140000$	72156
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Corporation Service Company	
laor Hays St.	
Tallahassee, FL 32314	A NG
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	15 DCT 2
Michele Van Epps	1
P.O. Box NOT acceptable	AH 10: 1
Valrico, FL 33594	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

nepp Michele Signature of an officer or director

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

1

• •

Typed or Printed Name

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

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