

P15 000018231

(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:

Office Use Only



500273048365

05/19/15--01031--003 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 19 AM 5:23

FILED

MAY 26 2014

C. CARROTHERS



6405 South 3000 East, Suite 150, Salt Lake City, UT 84121
W 801-527-1040 • F 801-527-1000 • www.yorkhowell.com

April 22, 2015

Via U.S. First Class Mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: EP Management Services, Inc.

To Whom It May Concern,

Please accept this letter as our request to file the following enclosed document:

- Articles of Amendment to Articles of Incorporation of EP Management Services, Inc. (1 original, 1 copy enclosed)

I have enclosed the standard cover letter provided by your office as well as a check, Number 2375, in the amount of \$43.75 to cover the filing fee associated therewith, as well as the fee to request that a Certified Copy of the filing be returned to our office.

Please file this document as soon as possible and return a date stamped, certified copy to me in the self-addressed, stamped envelope provided.

If you have any questions regarding this matter, please do not hesitate to contact me at 801-527-1040. Thank you for your attention to this matter.

Very truly yours,

Erica L. Anderson
Paralegal to Andrew L. Howell.

/ela
Encs.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EP Management Services, Inc. _____

DOCUMENT NUMBER: P15000018231 _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew L. Howell

Name of Contact Person

York Howell & Guymon

Firm/ Company

6405 South 3000 East, Suite 150

Address

Salt Lake City, Utah 84121

City/ State and Zip Code

wendylsmith@gmail.com

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

For further information concerning this matter, please call:

Erica L. Anderson, Paralegal to Andrew L. Howell 801 527-1040
_____ at () _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

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

Articles of Amendment
to
Articles of Incorporation
of

EP Management Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000018231

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A

Name of New Registered Agent

(Florida street address)

N/A

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

2015 MAY 19 AM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	S	Clayton R. Smith	5715 Highway 85 North, #1844
<input checked="" type="checkbox"/> Add			Crestview, FL 32536
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	T	Clayton R. Smith	5715 Highway 85 North, #1844
<input checked="" type="checkbox"/> Add			Crestview, FL 32536
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated April 28 2015
Signature Wendy L. Smith
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Wendy L. Smith

(Typed or printed name of person signing)

President and Director

(Title of person signing)