P17000055566

(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			

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ Name	ECT: EPIC SDVOB, INC.
DOC	UMENT NUMBER: P17000055566
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
Dian	a Interian
Nam	e of Contact Person
EPIC	SDVOB, INC.
Firm	/Company
1463	8 Lincoln Blvd.
Add	ress
Mia	mi, FL 33176
City	/State and Zip Code
	dinterian@epic-consultants.com
Е-п	nail address: (to be used for future annual report notification)
For	further information concerning this matter, please call:
Dia	na Interian at (786)732-5058
	Name of Contact Person at (786)732-5058 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of change is submitted for a corporation of the corporation	organized under the laws of the State of Florida.	
1. The name of the corporation: EPIC SDVOB, INC.		
2. The principal office address: 14638 Lincoln Blvd., Miami, FL 33176		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 06/26/2017 Document number: P17000055566		
5. The name and street address of the current register Florida Department of State: (If resigned, enter re	ered agent and registered office on file with the	
Rudnei Moran	~-3	
2385 NW 70th Avenue, Unit A10	1924 J	
Miami, FL 33122	2	
6. The name and street address of the new registere (if changed):		
Rudnei Moran	N N	
14638 Lincoln Blvd.		
	P.O. Box NOT acceptable	
Miami, FL 33176		
The street address of its registered office and the as changed will be identical.	street address of the business office of its registered agent,	
Such change was authorized by resolution duly acauthorized by the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
Tueston !	Rudnei Moran. President	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this cl	ent and agree to act in this capacity. ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.	
to the	01/04/2024	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Typed or Printed Name		

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