## P21000019766

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EPIC FLORIDA	MANAGEMENT CORP.				
DOCUMENT NUM	BER: P21000019760					
The enclosed Articles	s of Amendment and fee are so	ubmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	. Processing Department					
	Name of Contact Person					
	MyCorporation Business Services, Inc.					
	Firm/ Company					
	26025 Mureau Road Suite 1:	20				
	Address					
	Calabasas, CA 91302					
		City/ State and Zip Code	e			
	·					
	E-mail address: (to be u	sed for future annual report	notification)			
ror turther informatio	n concerning this matter, plea	se call:				
Processing Department		at ( <u></u> 877	692-6772			
Name of Contact Person			) de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Dena	artment of State:			
_	Č	pagasas sa sa rionaa bepa	attion of State.			
■ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 ssee, FL 32303			

## Articles of Amendment to Articles of Incorporation of



EPIC FLORIDA MANAGEMENT CORPZUZI HAR 29 (Name of Corporation as currently filed with the Florida P21000019760 CECRETALL OF STATE
TALLAHASSEE, FL (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent \_ (Florida street address) \_, Florida\_ New Registered Office Address: (City) (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. Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Add

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.

<u>PT</u>	John Doe		
<u>v</u>	Mike Jor	<u>nes</u>	
SY	Sally Sm	ùth	
<u>Title</u>		Name	Address
D		Casey Hatfield	7860 Palmilla Ct.
			Reunion, FL 34747
	_		
			<u></u>
	_		<u> </u>
	_		
	_		· · · · · · · · · · · · · · · · · · ·
	<u>V</u> SY Title	V Mike Jor SY Sally Sm Title	V Mike Jones  SY Sally Smith  Title Name

	nter change(s)   specific)			
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f an amendment provides for an exchange provisions for implementing the amendm	reclassification	n, or cancellation o	of issued shares,	
(if not applicable, indicate N/A)	ent ii pot tomai	ned in the author	deut isen.	
<u> </u>				
	···			<u> </u>

The date of each amendment(s) add	option:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the antificient for approval.	nendment(s)
	roved by the shareholders through voting groups. The follower arch voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 3 /	122/2021	
Signature	4	
selected	rector, president or other officer – if directors or officers have i, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Steven Paul Hatfield	
	(Typed or printed name of person signing)	
	President	
-	(Title of nerson signing)	<del></del>