

6/26/2020

Division of Corporations

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## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
EPIC-PREMIER INSURANCE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

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TO: Amendment Section  
Division of Corporations

SUBJECT: Epic-Premier Insurance Solutions, Inc.  
Name of Corporation

DOCUMENT NUMBER: P96000017727

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:

Shiho Inouye

Name of Contact Person

Kirkland & Ellis LLP

Firm/Company

555 California Street, Suite 2700

Address

San Francisco, CA 94104

City/State and Zip Code

sinouye@kirkland.com

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

For further information concerning this matter, please call:

Shiho Inouye

Name of Contact Person

at (415) 439-1966

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Epic-Premier Insurance Solutions, Inc.
2. The principal office address: 4223 South Pipkin Road, Suite 100  
Lakeland, FL 33811
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/31/1996 Document number: P96000047727
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)

Kevin R. Grimes

4223 South Pipkin Road, Suite 100

Lakeland, FL 33811

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

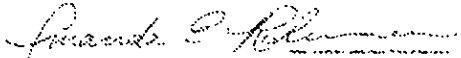


Signature of an officer or director

Chris Lafond, Chief Executive Officer

Printed or typed name and title

*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

06/26/2020

Date

If signing on behalf of an entity:

Corporation Service Company

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

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