I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATHAN ROZENFELD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P19000027967

Entity Name: EPH SOLUTIONS INC

Current Principal Place of Business:

11528 W STATE ROAD 84, STE 1012 DAVIE, FL 33355

Current Mailing Address:

1535 SW 112 AVE DAVIE, FL 33325 US

FEI Number: 84-2616391

Name and Address of Current Registered Agent:

ROZENFELD, NATHAN 11528 W STATE ROAD 84, STE 1012 DAVIE,

SIGNATURE	: NATHAN ROZENFELD			04/21/2022		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	DIRECTOR			
Name	EPH SOLUTIONS, INC	Name	ROZENFELD, NATHAN			
Address	16192 COASTAL HIGHWAY	Address	11528 W STATE ROAD 84, STE 1012			
City-State-Zip:	LEWES DE 19958	City-State-Zip:	DAVIE FL 33355			

E, FL 3335	L 33355 US							
ove named o	entity submits this statement for the purpose of changing i	ts registered office or re	gistered agent, or both, in the State of F	-lorida.				
ATURE:	: NATHAN ROZENFELD							
	Electronic Signature of Registered Agent			Date				
er/Direc	tor Detail :							
	PRESIDENT	Title	DIRECTOR					
;	EPH SOLUTIONS, INC	Name	ROZENFELD, NATHAN					
SS	16192 COASTAL HIGHWAY	Address	11528 W STATE ROAD 84,					
toto Zin:	LEWIES DE 10059		STE 1012					

04/21/2022

Date

FILED Apr 21, 2022 **Secretary of State** 5439511869CC

Certificate of Status Desired: No