

A13000000230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

SUBJECT: Equigrowth Properties, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A13000000230

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Charles Urbshott

Contact Person

Equigrowth Properties, LLLP

Firm/Company

2900 N. Military Trail, Suite 140

Address

Boca Raton, FL 33431

City, State and Zip Code

curbshott@equigrowth.com

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

For further information concerning this matter, please call:

Chad Urbshott

Name of Contact Person

at (905)

Area Code and Daytime Telephone Number

510-8615

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Equigrowth Properties, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/01/2013
Date of filing/registration in Florida

3. A13000000230
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BELL, MATTHEW
Name
109 AMBERSWEET WAY #401
Address
DAVENPORT, FL 33897
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Charles Urbshott
Name
2900 N. Military Trail, Suite 140
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33431
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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 obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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