| DOCUMENT # LOOOOOOO585  EQUICOR, LLC                                     |  |                              |                       |   |   | FILED:                 |                                       |                                   |                        |  |
|--|--|------------------------------|-----------------------|---|---|------------------------|---------------------------------------|-----------------------------------|------------------------|--|
| Principal Place of Business<br>613 EAST LUMSDEN ROAD<br>BRANDON FL 33511 | Mailing Address 613 EAST LUMSDEN ROAD BRANDON FL 33511   |                              |                       |   | OI APR 16 PM 3: 11  SECRETARY OF STATE TALLAHASSEE, FLORIDA |                        |                                       |                                   |                        |  |
| 2. Principal Place of Busines  | 3. Mailing Address                                       |                              |                       |   |   |                        |                                       |                                   |                        |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                      |                              |                       | _   | DO NOT WRITE IN THIS SPACE                                  |                        |                                       |                                   |                        |  |
| City & State   | City & State   |                              |                       | 4. FEI N  | 4. FEI Number 1 Applied For Not Applicable                  |                        |                                       |                                   |                        |  |
| Zip  | Country  | Zip                          | Country               |   | 5. Certi  | ficate of Status Desir | ed 🔲                                  | \$5.00 Add                        |                        |  |
| 6. Name a  | Registered Agent   |                              |                       | 7. Name and Address of New Registered Agent                             |   |                        |                                       |                                   |                        |  |
| SIX, RICHARD<br>613 EAST LUMSDEN ROAD<br>BRANDON FL 33511                |  |                              |                       | Name Street Address (P.O. Box Number is Not Acceptable)  City  Zip Code |   |                        |                                       |                                   |                        |  |
|  | rinted name of registered agent and                      | FILE No                      | OW!!! F               | Agent signature requirements FEE IS \$50.00 Department                  | 0   |                        | DATE                                  |                                   |                        |  |
| 9.  TITLE MGR NAME STREET ADDRESS 6/3 E CITY-ST-ZIP BLANK                | MANAGING MEMBERS CICHARD LUMSPEN ROA DON, FL 3351        | □ Delete                     | 1                     |   |   | ADDITIC                | NS/CHANGES                            | Change                            | ☐ Addition             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    | ••   | ☐ Detete                     |                       | ı   |   | 40000<br>-04/          | 4064<br>247010<br>** <del>50.00</del> | □ Change<br>□ <b>1 4</b><br>01085 | □ Addition /<br>       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |  | □ Detete _                   |                       |   |   | ,                      |                                       | □ "Change" \                      | Addition               |  |
| TITLE NAME STREET ADCITESS CITY-ST-EP                                    |  | □ Delete<br>·                |                       | 1   |   |                        | <u>.</u>                              | Change                            | Addition .             |  |
| TITLE V. NAME STREET ADDRESS CITY-ST-ZIP                                 |  | ☐ Delete                     |                       |   |   | •                      | 32                                    | ☐ Change                          | ☐ Addition             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |  | ☐ Delete                     |                       |   |   |                        |                                       | ☐ Change                          | Addition               |  |
| SIGNATURE:   | true and accurate and that or the receiver or trustee er | it my signature shall have t | the same<br>report as | legal effect as if required by Cha                                      | f made under<br>apter 608, Flo<br>#_/                       | oath; that I am a ma   | naging memb                           | rtify that the ir<br>er or manage | nformation<br>r of the |  |