

107000005563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

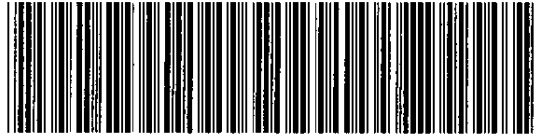
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100142972861

03/11/09--01029--006 **25.00

FILED
09 MAR 11 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EquiInsurance, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Frank Fernandez
(Name of Person)

EquiInsurance, LLC
(Firm/Company)

5803 NW 151st St suite 105
(Address)

Miami Lakes, FL 33014
(City/State and Zip Code)

FILED
09 MAR 11 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Frank Fernandez at (305) 557-5578
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. Name of the limited liability company: EquiInsurance, LLC
2. (a) Principal office address of limited liability company: 5803 NW 151st St Suite 105
(b) Mailing address of limited liability company: Same as above

Jan 16 2007 Date of filing/registration in Florida
20-8248518 Document number

(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Frank Fernandez
Registered Office Address: 5803 NW 151st St Suite 105

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent:
NEW Registered Office Address: 6839 Main Street

FILED
09 MAR 11 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical.

Signature of a member or authorized representative of a member
Frank Fernandez
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00