## M14000006399

	(Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Stati	าร			
Special Instructions to Filing Officer:					

Office Use Only



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O BRUCE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscqlobal.com

Date: June 29, 2017

Order#: 694938-034

Re: EQUIFY FINANCIAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel O'Hayer

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILEU A 92

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

Pursuant to the provisions of sections 605,0114 or 605 0116, 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.	Na	me of the limited liability company: EQUIFY FINANCE	CIAL, LLO	2		
2.	(a)	777 Main Street Suite 3900		(b) PO BOX 1032		
	` /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (",		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
		FORT WORTH T> 76102		CISCO,	TX 76437	
		09/24/2014		M140000	006899	
3.		Date of filing/registration in Florida	-1.		Document number	
5.	(a)	CAPITOL CORPORATE SERVICES, INC.				
		Registered Agent and Registered Office shown on the records of the	he Florida l	Dept. of Sta	e:	
		155 OFFICE PLAZA DR. STE A			_	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	DORESS)  TALLAHA		
		TALLAHASSEE FI,	32301		SEE SEE	
†)	(h)	Corporation Service Company			≥ → D	
	(11)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	A 9 36 Enlorida	
		1201 Hays Street			•	
		NEW Registered Office Address:				
		Tallahassee FL	22201		-	
		rananassee	32301		-	
the age wa	cha: int w s/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabre.	the regist bility con f the limit	ered offic apany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signature of Amember or authorized terresentative of a member					Printed or typed name of signee	
11. pre the to i	iereh wisid obli nere ified	w accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have riting of this change.	performai I for in Cl ereby coi	ice of my iapter 60, ifirm that	weite. I further arrest to comply with the	