FEI Number: 81-4825062 Name and Address of Current Registered Agent:			Certificate of Status Desired: No	
MURPHY, LORRAINE B 699 HAWKS TRACE DR JACKSONVILLE, FL 32225 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	: LORRAINE B MURPHY			02/28/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	MURPHY, LORRAINE B	Name	MOWRY, TOM	
Address	699 HAWKS TRACE DR	Address	5307 NW 91ST BLVD	
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	GAINESVILLE FL 32653	

699 HAWKS TRACE DR

### Na

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: LORRAINE B MURPHY

PRESIDENT

02/28/2017

**Current Principal Place of Business:** 

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

699 HAWKS TRACE DR JACKSONVILLE, FL 32225

# **Current Mailing Address:**

JACKSONVILLE, FL 32225

### FE

## DOCUMENT# P06000041573 Entity Name: EQUILEASE AT MAIN ST, INC.

FILED Feb 28, 2017 **Secretary of State** CC0633262952

Electronic Signature of Signing Officer/Director Detail

Date