

1/16/2019

A13000000230

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
EQUIGROWTH PROPERTIES, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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**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 3. A13000000230
Date of filing/registration in Florida 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:

URBSHOTT, CHARLES
Name

2234 NORTH FEDERAL HWY Suite 1028
Address

BOCA RATON FL 33431
City, State and Zip

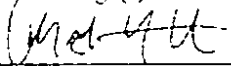
5. The name and Florida street address of the new registered agent and/or office.

Registered Agents Inc.
Name

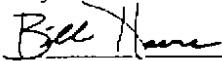
7901 4th St N STE 300
Florida street address (P.O. Box not acceptable)

St. Petersburg FL 33702
City, State and Zip

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


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 of Registered Agent

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

19 JAN 16 AM 9:55
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TALLAHASSEE, FLORIDA