Division of Corporations Electronic Filing Cover Sheet

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Ta:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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

Email 1	Address:			
CIDALIT	MODEPSS:			

REGISTERED AGENT CHANGE EQUITY NOW INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation or	9502, 607,1508, or 617,1508, Florida S ganized under the laws of the State of _ gistered agent, or both, in the State of F	New York			
	the corporation: EQUITY NOW INC.	, and the chart of t	<i>1077111.</i>			
		OST ROAD MAMARONECK, NY 1054	3			
3. The mailing a	nddress (if different):					
4. Date of incor	poration/qualification: 9/25/2000	Document number: F0000000	5335			
5. The name and		d agent and registered office on file wit				
	REGISTERED AGENT SOLUTIONS,	INC.				
	2894 REMINGTON GREEN LANE SUITE A					
	TALLAHASSEE, FL 32308		~			
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered offi	2024 AUG 28 SECKCIÁR TALLAHA			
	C T Corporation System		28 ART			
	1200 South Pine Island Road		SSE SSE			
	P.O.1 Plantation, Florida 33324	Box NOT acceptable	9: 5(STAT E. FL			
		et address of the business office of its				
authorized by th	is authorized by resolution duly adopt the board, or the corporation has been to	ed by its board of directors or by an onotified in writing of the change.	fficer so			
kull.	08/02/2024	4 Michael L. Moskowitz				
I hereby accept	the appointment as registered agent of comply with the provisions of all stand accept the of all an familiar with and accept the of a filed merely to reflect a change in been notified in writing of this chang	Printed or typed that and little and agree to act in this capacity, anutes relative to the proper and comp bligation of my position as registered the registered office address. I hereby te.				
	Su Well	8/27/2024				
	nature of Registered Agent	Date	- 			
If signing on bel	DuBois					
 -	ped or Printed Name					
	F					

* * * FILING FEE: \$35,00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

Ву: