1/15/2019

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

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 CAPITAL 1, INC.

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\$35.00

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

statement of cha	provisions of sections 607.0302, 617.030 inge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State of	Склада
1. The name of t	the corporation: Equigrowth Capital 1, In-	c	,
	office address: 1295 North Service Road		
	Ontario L7P 3A7 CA	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	iddress (if different): 2234 NORTH FEDER	RAL HWY, #1028	
	poration/qualification: 05/01/2013	Document number: F13000	001885
5. The name and	I street address of the current registered a	ngent and registered office on file w	
	URBSHOTT, CHARLES		
	2234 N Federal Hwy Suite 1028		-
	Boca Raton, FL 33431		2019 54
6. The name and (if changed):	l street address of the new registered age	nt (if changed) and /or registered of	2019 JAN 15 SECTICTARIASS
	Registered Agents Inc.		PH PH
	7901 4th St N STE 300		H 4: 21
P.O. Box NOT acceptable			20
	St. Petersburg FL 33702		
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of it	ts registered agent,
Such change wa authorized by th	ns authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an tified in writing of the change.	officer so
	es Urkshott	Charles Urbshott, President	
I hereby accept I further agree i performance of agent. Or, if th	the appointment as registered agent an to comply with the provisions of all stati my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified i	utes relative to the proper and con accept the obligation of my position ect a change in the registered offic	nplete n as registered
Bel Hame		1/15/19	
Signature of Registered Agent		Date	
If signing on be	half of an entity:		
Bill Havre			
Ty	yped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	