L040000 31437

(Re	questor's Name)	
(Ad	dress)	
î (Ad	dress)	
- (Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EQUUS FARMS, LLC (Name of Limite	d Liability Company)
Dear Sir or Madam:	·
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
HOWARD B. NADEL, ESQ. (Name of Person)	· · · · · · · · · · · · · · · · · · ·
HOWARD B. NADEL, P.A. (Firm/Company)	·
301 W. Hallandale Beach Blvd.	07 t
(Address)	ECCE A
Hallandale Beach, Florida 33009	07 HAY -3 PM 1: 34 SECRETARY OF STATE FALLAHASSEE, FLORID
(City/State and Zip Code)	FLOOT
For further information concerning this matter, ple	
Howard B. Nadel at (954 455-5100
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: E	QUUS FARMS, LLC	
2. The mailing address of the limited liability com	pany is: 3801 N.E. 207th Street	
Unit 704, Aventura, Florida 33180		
April 26, 2004	L04000031437	

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

National Funding Corporation
Name
3801 N.E. 207th Street, Unit 704
Address
Aventura, Florida 33180
City, State and Zip

6. The name and address of the new registered agent and/or office:

Name
301 W. Hallandale Beach Blvd.
Florida street address (P.O. Box NOT acceptable)

Hallandale Beach FL 33009

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

JOSEPH FRIEDES

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this decument is being filed to merely reflect a change in the registered office address I herepsyconfirm that the limited liability company has been notified in writing of this change.

(Signal of Registered Agents)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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