## U300 Alay

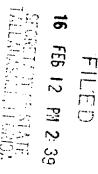
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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FEB 1 5 2016 S. YOUNG

## **COVER LETTER**

	Division of Corporations  Equity Captive Holdings, LLC				
SUBJI	Name of Limited Liability Company				
	Name of	Limited	Liability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office C	Change an	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning this ma	atter to th	ne following:		
Robe	rt C. Sorgini, Attorney				
	Name of Person		<del></del>		
Sorgii	ni & Sorgini, P.A.				
	Firm/Company			<del></del>	
300 N	lorth Federal Highway			Ð	
	Address		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	: B : 2	
Lake	Worth, FL 33460				
	City/State and Zip Code			; ;;	
ddesi	ch@me.com			39	
E	-mail address: (to be used for future annual i	report not	tification)		
For fur	ther information concerning this matter, plea	ise call:			
Rober	t C. Sorgini	561	585-5000		
	Name of Person		Area Code & Daytime Telephone Numb	- per	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: Equity Captiv	ve Holdings	s, LLC		
2. (a)		(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	12110 Sunnydale Drive	1:	2110 Sunnydale Drive		
	Wellington, FL 33414	<u> </u>	Vellington, FL 33414		
	08/28/2013	L1	3000121924		
3.	Date of filing/registration in Florida		Document number		
5. (a)					
3. (a	Registered Agent and Registered Office shown on the records of	f the Florida De	pt, of State:		
	Richard Desich		•		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
12110 Sunnydale Drive					
	<u></u>	22444			
	Wellington Fi	L			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	<b></b>		
	Enter hance of NEW Registered Agent and of NEW Registere	d Office address	\$ 5 N		
	Robert C. Sorgini, Attorney		· · · · · · · · · · · · · · · · · · ·		
	NEW Registered Office Address:		<del></del>		
	300 North Federal Highway				
	Lake Worth , F	L33460			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register liability comp of the limited e limited liab	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in itility company.		
14	chard besich	Richa	rd Desich		
-	ature of a member or authorized representative of a member	. •	Printed or typed name of signee		
the ob to mey notifie	why accept the appointment as registered agent and agent on a spin of all statutes relative to the proper and complete for all statutes relative to the proper and complete for a statutes relative to the proper and complete for a statute and the registered office address, lead in writing of this change.  The of Registered Agent	e pertormano	ce of my duties, and I am familiar with and accept		