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(Ad	dress)					
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March 1, 2019

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

By Fed Ex

RE: Registered Agent Changes

Dear Sir/Madam:

My name is Walter McDonough, and I am enclosing the following documents:

- 1. Statement of Change Of Registered Agent for LLC for Liberty Conshor, LLC
- 2. Statement of Change Of Registered Agent for LLC for Liberty Equipment & Supply, LLC
- 3. 2 checks payable to the Division of Corporations, each in the amount of \$55 to cover the filing fee and a certified copy of the change.

Could you please process these change forms and reflect the same on the website, and send to me a certified copy of the filings. If there are any questions, you can reach me at 617/719-7240 or wmcdonough@libertycs.com.

Thanks in advance.

Walter K. McDonough

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Liberty Equipment & Supply, LL	.c
		Limited Liability Company
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this ma	atter to the following:
Walte	r K. McDonough	
	Name of Person	
Liberty	y Euiipment & Supply, LLC	
	Firm/Company	
1100	Park Central Blvd. South, Suite 1400	
	Address	
Pomp	ano Beach, FL 33064	
	City/State and Zip Code	
wmcd	lonough@libertycs.com	(L
E-	-mail address: (to be used for future annual r	report notification)
For furt	ther information concerning this matter, plea	ise call:
Walter	r K. McDonough	617 719-7240
-	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 amo	ount:
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18	3 (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.	Na	ame of the limited liability company: Liberty Equipr	ment a	& Supply L	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)		
		1100 Central Blvd. South, Suite 1400		1100 Ce	entral Blvd. South, Suite 1400		
		Pompano Beach, FL 33064		Pompano Beach, FL 33064			
		09/17/2013		L130001	31072		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Christopher King					
э. (a	(a)	Registered Agent and Registered Office shown on the records of t	_ te:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u>85)</u>	_		
		515 N. Flagler Drive ೯៤៩					
		West Palm Beach, FL , FL	3340 ⁻	1	- 1 · · ·		
	(L)	Walter McDonough	•		ر د امور		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- · · · · · · · · · · · · · · · · · · ·	****		
						ට ඨා	
		NEW Registered Office Address:			To the state of th		
		1100 Central Blvd. South, Suite 1400			. ·		
		Pompano Beach , FL	33064	ı	_		
the age was	cha nt w s/wc	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reg bility of the li: limited	istered office company, it i mited liabilit liability con	e and the business office of is hereby confirmed that the ty company or as otherwise p npany.	the registered change(s)	
- -	\		W.	alter McDo	<u> </u>		
	_	by da member or authorized representative of a member			Printed or typed name of signee		
pro the to n	visu obli nere	by accept the appointment as registered agent and agro ons of all statutes kelative to the proper and complete p igations of my position as registered agent as provided thy reflect a change in the registered office address. I h I in writingsof has change.	ce to ac perfori for in ereby	ct in this cap mance of my Chapter 605 confirm that	acity. I further agree to con duties, and I am familiar wi 5, F.S. Or, if this document the limited liability compan	nply with the th and accept is being filed y has been	

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

Signature of Registered Agent