## L16000225065

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(D. ) (E. ))								
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(Document Number)								
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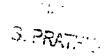
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April 9, 2019

JENNIFER RIDGELY DASZKAL BOLTON LLP 4455 MILITARY TRAIL, SUITE 201 JUPITER, FL 33458

SUBJECT: EQUMAC, LLC Ref. Number: L16000225065

We have received your document for EQUMAC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 119A00007135

Stacy Prather Regulatory Specialist III

## . 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.

		me of the limited liability company:	.C					
2. (a	a)	4455 MILITARY TRAIL, SUITE 201	(b	(b) 4455 MILITARY TRAIL, SUITE 201				
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  R, FLORIDA 33458			
		JUPITER, FLORIDA 33458		JUPITE				
			_					
		12/13/2016		L160002	225065			
3.		Date of filing/registration in Florida	4.		Document number			
5. (	a)	CRAIG T. GALLE						
,		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:			
		13501 SOUTH SHORE BLVD. SUITE 103						
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	2		20		
					<u> </u>	19 A	447A	
		WELLINGTON	33414		TALLEHASCEE.	2019 APR 23	المقتاعات جمعتندی ( ا آ	
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	)	·			 <u>m</u> :	P		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:	্ৰ দুৰ্	3: 42	O	
		4455 MILITARY TRAIL, SUITE 201				; <b>5</b>		
		NEW Registered Office Address:			_			
					_			
		JUPITER , FL	33458					
the c	ha.	mited liability company is not organized under the lav	the regis	tered offic	e and the business office of	of the re	egistered	
agen	ΙW	vill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of	ability co	mpany, it i	is hereby confirmed that th	ne chan:	ge(s)	
the a	rti	cles of organization or the operating agreement of the	limited l	iability cor	mpany.	c provi	acu in	
<u> </u>	1	7 7 7 7	Her	nry E. Bla				
		ure of a ruember or authorized representative of a member			Printed or typed name of sign			
the o	bli ere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I it is writing of this change.	ree to act performe d for in C hereby co	in this cap ance of my Chapter 60: onfirm that	pacity. I further agree to c duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	comply with an mit is bei any has	with the d accept ng filed been	
notif	b							

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