Florida Department of State, Division of Corporations lactronic Hilling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **EQUITY GROUP I, LLC**

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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: Equity G	roup	I, LLC			
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) th St N STE 300		
	7901 4th St N STE 300		7901 4t			
	St. Petersburg FL 33702		St. Peters	sburg FL 33702		
	05/01/17		L17000	0096730		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	MILLER, BRYAN P					
. (u)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State:			
	605 W AZEELE ST					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>			
	TAMPA FI	336	06			
(b)	Northwest Registered Agent I	LLC		ن	2022 JUL 2 I	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	±.;:		2
	7901 4th St N			. *	•	
	NEW Registered Office Address:		· · · · · ·	•:	PH	ָרָר הַיּרָר הַיּרָר הַיּרָר הַיּרָר הַיִּרְרָּיִר הַיִּרְרָּיִר הַיִּרְרָּיִרְרָּיִרְרָּיִרְרָּיִרְרָּיִרְרָי
	STE 300				- 1: 33	
	St. Petersburg	3370	02		ω	
the cha 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 I are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the re lability of the l	he State of Flo gistered office company, it is imited liability	and the business offic hereby confirmed that company or as others	ce of the re it the chang	gistered gc(s)
	ature of a member of authorized representative of a member	Ν	lorgan Nob			
Signa	ature of a member of authorized representative of a member			Printed or typed name of s	ignee	· · · · · · · · · · · · · · · · · · ·

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been no filed in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent