

L17000135202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

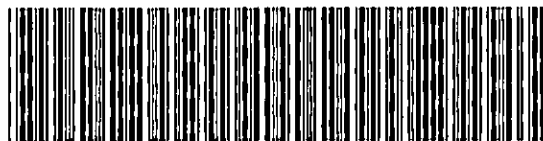
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800318165098

FILED

18 SEP -7 AM 8:06

18 SEP -7 PM 4:22

SEP 10 2018  
FILING OFFICE  
TALLAHASSEE, FLORIDA

RECEIVED

O SIMMONS  
SEP 10 2018

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 9/7/18**

**NAME: EQUIALT PROPERTY MANAGEMENT LLC**

**TYPE OF FILING: CHANGE OF AGENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

---

**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. Name of the limited liability company: EquiAlt Property Management LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>720 E. Henderson Avenue</u> <u>Tampa, FL 33602</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>720 E. Henderson Avenue</u> <u>Tampa, FL 33602</u>
---	---

3. _____ Date of filing/registration in Florida	4. _____ Document number
--	-----------------------------

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT Corporation System

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1200 South Pine Island Road

Plantation, FL 33324

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

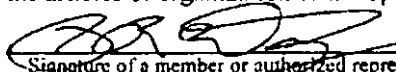
Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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

Paul R. Wassgren, Esq., Attorney  
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 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 notified in writing of this change.*

Sandra Linay, Assistant Secretary  
Signature of Registered Agent

FILED  
18 SEP - 7 AM 8:06  
TALLAHASSEE, FLORIDA