

L18000061698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

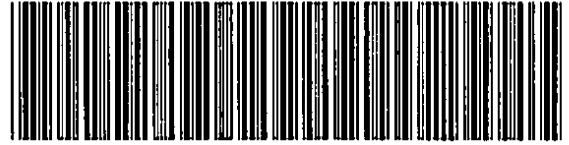
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22 SEP -7 PM 3:11
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQUITY AUTO CREDIT, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AGUSTIN A GONZALEZ

Name of Person

EQUITY AUTO CREDIT, LLC

Firm/Company

4300 BISCAYNE BLVD STE 103

Address

MIAMI, FL 33137

City/State and Zip Code

AGONZALEZ@UNITED-QUEST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AGUSTIN GONZALEZ

Name of Person

at (305) 588-7295

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

22 SEP - 7 PM 3:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**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: EQUITY AUTO CREDIT, LLC

2. (a) 4300 BISCAYNE BLVD STE 103, MIAMI FL 33137
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 4300 BISCAYNE BLVD STE 103, MIAMI FL 33137
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 03/08/2018 Date of filing/registration in Florida

4. L18000061688 Document number

5. (a) LATRAMOS A STATON
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14836 NE 2ND AVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33161

(b) AGUSTIN A GONZALEZ
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4300 BISCAYNE BLVD STE 103

NEW Registered Office Address:

MIAMI, FL 33137

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of 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.

AGUSTIN A GONZALEZ
Signature of a member or authorized representative of a member

AGUSTIN A GONZALEZ

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.

AGUSTIN A GONZALEZ
Signature of Registered Agent

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

22 SEP - 7 PM 3:11
DIVISION OF CORPORATIONS