L18000 113108

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

_	stration Section sion of Corporations		•					
SUBJECT:	Equiti Partners LLC		•					
SOBJECT:	Name of Limited Liability Company							
Dear Sir or N	Aadam:							
The enclosed	l Registered Agent/Registered Of	fice Change and (fee(s) are submitted for filing.					
Please return	all correspondence concerning th	nis matter to the f	following:					
Christian A	Abraham							
	Name of Person		_					
Anderson	Business Advisors							
	Firm/Company		_					
3225 McL	eod Drive, #100							
	Address		_					
Las Vegas	s, NV 89121							
	City/State and Zip Code		- -					
ra@ander	sonadvisors.com							
E-mail	address: (to be used for future and	nual report notific	cation)					
For further in	nformation concerning this matter	, please call:						
Christian A	Abraham	800	7064741					
	Name of Person		Area Code & Daytime Telephone Number					
Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	n Section Registration Section f Corporations Division of Corporations ilding P.O. Box 6327 utive Center Circle Tallahassee, Florida 32314						
Encl	osed is a check for the following	g amount:						
2 \$2	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

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	me of the limited liability company: Equiti Partner	s LLC					
2. (a)	3225 McLeod Dr, Suite 100	(b	(b) 3225 McLeod Dr, Suite 100				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Las Vegas, NV 89121		Las Vegas, NV 89121				
	05/04/2018		L18000	113108			
3.	Date of filing/registration in Florida	4.		Document number	er		
s ()	BERNARD PIERSON						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	Į	_			
	3052 Day Ave				2021		
	MIAMI33133			_	021 SEP 30		
(b)	Anderson Registered Agents, Inc.				~		
` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	625 E. Twiggs Street, Suite 110						
	NEW Registered Office Address:	— —					
	TAMPA	33602					
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the regis ability co of the lim	stered offi impany, it ited liabil	ice and the business t is hereby confirme lity company or as o	office of the registered that the change(s)		
	Co	Chi	ristian A	braham			
Signa	ture of a member or authorized representative of a member			Printed or typed nan	ne of signee		
provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not in writing of this change.	ree to act perform d for in (hereby co	in this co ance of m Chapter 6 onfirm the	ipacity. I further ag y duties, and I am fi 05, F.S. Or, if this o at the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been		

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

Signature of Registered Agent