15129570210 3/17/25, 12:04 PM Division of Corporations

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> > (((H25000099237 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE **EQUITY MARKETS GROUP LLC**

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⊙ 03-17-2025 10:08 AM

INHS18 (2/14)

COVER LETTER

→ 18506176383

	Registration Section Division of Corporations		
SUBJE	Equity Markets Group LLC	_	
		ame of Limi	ted Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered O	office Change	e and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to	o the following:
Mary Ca			
	Name of Person	-	
Registere	ed Agent Solutions, Inc.		
	Firm/Company		
Corporat	e Center One, 5301 Southwest Pkwy, St	e 400	
	Address		
Austin, T	TX 78735		
	City/State and Zip Code		
E-1	nail address: (to be used for future a	nnual report	notification)
For furth	ner information concerning this matte	er, please cal	I:
Mary Ca	astillo	888 at (705-7274
	Name of Person	··· \	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
1	Enclosed is a check for the following	ng amount:	
l	□ \$25 Filing Fee		S55 Filing Fee & Certified Copy

15129570210

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.

. (a)	1706 KENILWORTH STREET	(b) 309-A	MAIN STREET
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34231	PEOR	IA, IL 61602
	6/25/2019	L19000	0167010
•	Date of filing/registration in Florida	4.	Document number
. (a)	LEITER, MATTHEW T		
,,	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:
	1706 KENILWORTH STREET		<u></u>
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
			및 기계
	SARASOTA	L	
	Registered Agent Solutions, Inc.		251-217 PH 2: 34
(b)		1.00	·
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> 2894 Remington Green Ln.	ed Office address:	
(b)		ed Office address:	
(b)	2894 Remington Green Ln.	ed Office address:	
(b)	2894 Remington Green Ln. NEW Registered Office Address: Ste. A	ed Office address:	
the I hange gent was/we	2894 Remington Green Ln. NEW Registered Office Address: Ste. A	TL 32308 aws of the State of the registered office liability company, of the limited lial	f Florida, it is hereby confirmed that after the c and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in

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.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent